TO INTERVENE OR NOT TO INTERVENE - REFLECTIONS OF A FAMILY THERAPY TRAINEE

by

JANINE EVELYN BOULLE

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CONTENTS

SUMMARY

This dissertation intends describing and understanding my development as a therapist over a two year period. The question which prompted the research is to what extent the therapist directs change within the therapeutic process. It therefore considers the issue of intervention in therapy. The social constructionist theory is utilised to understand more fully the issues around intervention in therapy. A qualitative research methodology is followed, which has as its foundation an emergent design. The raw data takes the form of a journal, which is a case determined diary. The conclusions drawn at the end of the study are idiographic and reflective.

CHAPTER 1

INTRODUCTION

This dissertation aims at describing and understanding my development as a therapist. The social constructionist approach is used to understand, more fully, changes that are inherent in my development as a therapist as it is described in a journal. The journal is a diary which describes my therapy cases during the course of my training, as well as my thinking about these cases.

The initial problem which prompted this research was an experienced difficulty with taking an interventionist stance or attempting to change the problem as it was presented. In addition to this, I was not comfortable with the opposite position of not intervening and merely passively listening to the client. This issue of whether to intervene or not to intervene became the central theme I wished to research. I embarked upon writing a journal, which would later form the raw data from which understandings could be gleaned and conclusions drawn.

An important characteristic of this research is that the researcher and the subject or therapist being researched, are one and the same person. For this reason I will choose to use the first person as a preferred form. I feel this form is more appropriate than a third person form, as this dissertation is a subjective description of my development as well as a subjective understanding of the description. Consequently, I do not wish to distance these ideas from either myself, or the context in which these ideas emerged. Furthermore, this form will eliminate unnecessary confusion.

The Journal

As mentioned above, my development as a therapist is documented. This documentation takes the form of a journal which was written over a two year period. It includes

descriptions at both the level of experience as well as conceptual understanding or theory.

The journal is structured and organised by a problem-solving cycle. Retrospectively, I identified ten phases. These ten phases I further divided into two parts, referred to as movements, the point of division marks a significant change in thinking as well as practice.

The journal has been regarded as a data base from which descriptions can be made. Case illustrations form part of the journal and serve to illustrate more clearly the therapeutic process described.

The Theoretical Perspective

Social constructionism as an approach was not chosen as a theory of preference before beginning the process of documenting cases in the form of a journal. Instead, it emerged spontaneously from within the process and was identified as coinciding with evolving ideas in the journal at a specific period. Social constructionism was then further used to understand and describe the journal as a whole.

Overview

The dissertation can be seen as being divided into four sections, namely, theoretical, methodological, practical and an integration of the theory and the practical. Each of these sections will be briefly elaborated upon below.

Firstly, the theoretical section outlines the social constructionist theory and how this theory impacts on the practice and understanding of therapy. In addition, the paradigmatic context in which the social constructionist movement is imbedded is outlined.

The chapter following the theoretical chapter outlines the research methodology. The purpose of this section is to describe and justify the nature of the research project. A qualitative, rather than a quantitative methodology is adopted. This is because it lends itself more to an idiographic study which is the type of research embarked upon in this dissertation.

The journal follows on from the methodology. The journal, as found here, is slightly altered from the original work in the following way. To allow for easier reading, as well as understanding when it is integrated with the theory, the journal has been divided into phases and movements. In addition, a short summary is inserted at the end of each phase, to clarify the ideas of that phase before moving onto the next.

The subsequent chapter is an integration of the journal and social constructionist theory. It considers not only this theory, but also the paradigmatic shift as described in the theoretical chapter and how this impacts on the understanding of the development described in the journal.

In short, the dissertation outlines theory and methodology, and then integrates the raw data with the theory to create a more extensive understanding of the process.

C H A P T E R 2

THEORETICAL

Introduction

As discussed in the preceding chapter, this dissertation is concerned with describing my practical and theoretical evolution as a therapist, from a social constructionist perspective.

Before moving on to a theoretical description of the journal, it is necessary to outline social constructionism, its origins, as well as its applications and implications for the field of psychology. This outline will be preceded by a description of the paradigmatic context out of which social constructionism emerged.

The Paradigm Shift

Over the ages, intellectuals have been striving to understand the world. Their thinking has always been guided by a system of ideas or beliefs. This belief system, Lincoln and Guba (1985) refer to as a paradigm. A paradigm, in this sense, is different from a theory or model, in that it belongs to a higher level of abstraction. In other words, many theories can belong to the same paradigm. Paradigms are usually identified by defined historical periods. For the purpose of this work I will be using `paradigm' to refer to this type of belief system.

Keeney (1983) refers to paradigm as epistemology. He describes the term and the purpose of studying epistemology for the clinician, as follows: "I use the term epistemology to indicate the basic premises underlying action and cognition. Examination of our epistemological assumptions will enable us to more fully understand how a clinician perceives, thinks, and acts in the course of therapy" (Keeney, 1983, p.7).

Gergen (1985) maintains that to really know, one needs to have some insight into the process of knowledge. He states: "The claim to knowledge has to be grounded in an awareness of the knowledge generating process" (Gergen, 1985, p.270).

Lincoln and Guba (1985) further identifies and names three paradigmatic eras, pre-positivism, positivism and post-positivism. They identify the pre-positivist era as beginning with Aristotle and ending in the mid-eighteenth century. The primary characteristic of this period is the passive role of the scientist. Scientists did not interfere with what they were studying. They believed that anything that was interfered with was no longer natural, and hence not regarded as valid or true science (Lincoln & Guba, 1985).

The pre-positivist period was followed by the positivist era, which in turn was followed by the post-positivist era. These two latter periods are more relevant to this dissertation and will be described more fully below.

The Positivist Paradigm

The positivist period, beginning in the mid-eighteenth century, soon dominated the scientific field, as well as many other disciplines, including psychology. The pivotal difference, which marks the shift from pre-positivist to positivist era, is in the role of the observer. The pre-positivists emphasised the passive role of the observer, whereas the positivists began experimenting with the idea of active observation. Reese (1980), defines positivism as, "a family of philosophies characterised by an extremely positive evaluation of science and scientific method" (p.450).

The Assumptions of the Positivist Paradigm

The following five assumptions are identified by Lincoln

and Guba (1985) as the basic assumptions which characterise the positivist paradigm.

Belief in a Real World. This assumption maintains that there is a single tangible reality. This tangible reality can be broken down into parts, assuming that the whole is simply the sum of its parts.

The Independence of the Observer. This assumption holds that the observer is a separate entity from that which he is observing.

Temporal and Contextual Independence of Observation. It is assumed that something found to be true in a given situation can be generalised to other similar situations.

Linear Causality. This assumption suggests a simple direct link between cause and effect. There is a definite beginning and end. The end is caused by the beginning, and the beginning results in the end.

Objective Observation. This assumption maintains that an observation can be free of subjective bias. The observer, through various scientific techniques, can separate his value system from that which he is observing.

Though these assumptions generally seemed appropriate in the scientific world, it became apparent that there was a degree of incompatibility between the positivist paradigm and the social science fields. This disillusionment with the positivist paradigm is outlined below.

Disillusionment with the Positivist Paradigm

It soon became apparent in social science disciplines, that the assumption that one could divide the world into separate entities and study these entities as passive objects,

was inadequate for understanding the complexity of the social world and human interaction.

Capra (1982) aptly describes how modern physics has begun to address this conceptual shift. He states: "In modern physics the image of the world as a machine has been transcended by a view of it as one indivisible dynamic whole, whose parts are essentially interrelated and can be understood only as patterns of the cosmic process" (Capra, 1982, p.82).

A new paradigm needed to emerge that would allow one to conceptualise the world in its complexity, considering the whole and how parts are connected, rather than viewing things as separate entities. It was primarily for this reason that the post-positivist paradigm arose. It represented an attempt to address the short comings of the positivist paradigm.

There are various manifestations of movements away from the traditional positivist epistemology. This shift is prevalant across many varied disciplines like art, literature, architecture, natural and social sciences. All have in common a non-positivist stance.

The Post-postivist Paradigm

As mentioned, post-positivism refers to the paradigm that comes after positivism and extends into the present time. Characteristic of this paradigm is that it challenges the assumptions of the positivist movement, mentioned above.

Firstly, the positivist view maintains that there is a single tangible reality that can be broken down into its constituent parts. The post-positivists, on the other hand, believe that we need to view the world holistically, and that reality is constructed by the observer (Lincoln & Guba, 1985). This results in multiple realities rather than in a single reality.

Secondly, in response to the second assumption, the post-positivist view maintains that the observer and the observed are interrelated. What we observe is related to the manner in which we organise or construct our reality. This view is very different from the positivist view where the observer and observed are seen as separate entities (Lincoln & Guba, 1985).

The third positivist assumption mentioned above, describes the possibility of generalisability, where a fact is independent of time and place. The post-positivists maintain that any finding is an idiographic description, which is strictly bound to time and place (Lincoln & Guba, 1985).

The post-positivists response to the fourth positivist assumption outlined above is their belief that there is a circular, rather than linear causality. This means that all causes and effects are interrelated and belong to a more complex circular pattern.

Finally, it was stated that the positivists hold that an observation can be free of bias. The post-positivists maintain that every observation is subjective. What we observe is related to the manner in which we construct or organise reality.

The shift from positivism to post-positivism can thus be summarised as follows: The positivists believe there is a real world that can be objectively known, while the post-positivists maintain we know only a construct of reality (Hoffman, 1990). To understand this shift more fully, it is important to elaborate on the role of the observer and the understanding of perception in the post-positivist paradigm.

The Role of the Observer

The positivists believe there is a real world that can be objectively known by an independent observer. In other words, the observer is separate from that which he is observing and

does not in any way influence what is being observed. In contrast to this, the post-positivists maintain that we know only a construct of reality and the observer is therefore an integral part of that which is being observed. Von Foerster (1973) was instrumental in expanding this idea and coined the term "observing system" to illustrate the position of the observer. This concept, described as "the observing system" was pivotal in the shift from first to second-order cybernetics within the systems theory movement. This shift clearly illustrates the paradigm shift which was occurring in many fields at the time.

The fundamental belief referred to above regarding reality does not only alter the position and role of the observer, but also alters the manner in which perception is understood in the process of observation.

The Process of Perception

The positivist view believes that our sense organs are able to provide us with a representation of the world, such that it corresponds directly with the world. Our sense organs are compared to a camera that replicates that which we observe (Franklin, 1995).

The post-positivist view, on the other hand, maintains that it is not possible to receive an exact replica of the world through our senses. They maintain that we, in the process of perception, organise or structure the world in accordance with our cognitive structures - the key difference being that we experience a construction of reality, not a representation (Anderson, 1992).

In summary, the role of the observer, the process of perception as well as the nature of the reality being perceived, are pivotal concepts in understanding the paradigm shift described above. The constructivist approach is significant because it forms the foundation of the new

paradigm, and for this reason will be discussed more fully below.

Constructivism

A constructivistic view of the world maintains that the world we think we see is only a view, a description of the world (Keeney, 1983). Metaphorically, it can be seen as the seed of the new paradigm, the effect of which runs like a thread through all the different branches.

Observation and Perception. The cornerstone of the process of perception, according to the constructivist perspective, is the act of drawing a distinction. That is, to know or perceive anything, we need to separate the foreground from the background. This process Keeney (1983) refers to as drawing a distinction. Bateson (1979) refers to it as punctuating.

According to the constructivists, the way in which we draw distinctions is related to the perceiver. Two people can perceive the same thing in very different ways. This shift from positivism to post-positivism can be seen as a dramatic shift in thinking that is reflected in the emergence of new theories and practices in both the natural and human sciences (Hoffman, 1991).

Constructivism and Psychology. The constructivist approach significantly expanded these ideas of observation and perception. According to Hoffman (1990), this shift was introduced to the family therapy movement by the work of people like biologist Humberto Maturana and his colleague, cognitive scientist Francisco Varela, cybernetician Heinz von Foerster, and linguist Ernst von Glasersfeld. Hoffman (1990) also suggests that constructivism as a general view derives from the European tradition that includes Berkeley, Vico, Kant, Wittgenstein, and Piaget.

In summary, although the post-positivist movements lean towards a more constructivist epistemology of the world, they differ in their descriptions by which constructs of the world are formed and maintained. Social constructionism is one of these emergent theories within the discipline of psychology.

The Impact of the Paradigm Shift on the Field of Psychology

As is the case in many fields of study, the paradigm shift described above is evident in the field of psychology. Psychology, as a field, is said to have originated with the work of Sigmund Freud. Freud lived and worked in the era characterised by the positivist paradigm, and his theory of personality functioning has a distinct positivist foundation. Most of the theories that were developed during the six or seven decades after Freud, continued to subscribe to the beliefs of the positivist paradigm.

A distinct move away from the positivist paradigm can be seen in the development within the family therapy movement. The writings of Maturana and Varela have markedly influenced the field of family therapy and facilitated a move towards a more post-positivist paradigm within family therapy. This move in family therapy can be seen as one of the moves within the field of psychology that began to look towards a new way of viewing therapy. It can be described as leading to a more constructivist or post-positivist approach.

Different Views of Therapy

The concept which is pivotal in understanding the shift from positivism to post-positivism is the idea of a constructed reality. This concept of a constructed reality has dramatically challenged some fundamental beliefs about therapy. Traditionally, therapy has been seen as a process whereby a professional identifies a problem, which is defined as a problem in accordance with a model of correct human

functioning. This problem, once identified, is then changed by the psychologist to be more in keeping with so called "correct functioning".

In contrast to this, the post-positivists view the process of therapy differently. Firstly, the psychologist is not seen as an independent observer, but rather as part of the system which he is observing. Previously, psychologists were viewed as separate from the system or client in therapy. Keeney (1983) describes this phenomenon as follows: "The black box view which posits a phenomenon outside the system being observed, often leads to the idea that the outsider is in a position to unilaterally manipulate or control the system which he is observing" (p.73).

Keeney (1983) further states that although this understanding of a system is useful in certain circumstances, it is incomplete in terms of recursive processes. A more complete view would be one which includes the observer in the system being observed. Viewing the therapist as part of the system being observed is one of the ways in which the post-positivist paradigm differs from the positivist paradigm.

Secondly, the post-positivist paradigm has altered the belief in problems as existing as tangible entities. According to the post-positivist era, problems as well as models of human functioning are merely constructions and can change from one person to another.

Thirdly, the idea that one person can unilaterally change a person or a system, is fundamental to the traditional view of psychology, but is questioned in the post-positivist era. According to Efran and Lukens (1985), Maturana was instrumental in initiating this change with his work on instructive interaction.

In summary, within the field of psychology there are many new movements that subscribe to the post-positivist paradigm.

Hoffman (1992) uses the metaphor of a river to describe the movement away from traditional positivism. "So many streams of ideas are flowing together into a larger tributary, that it is hard to find one common ancestor" (Hoffman, 1992, p.7).

Although the exact course and origin of these theories is unclear, what is certain is that they all have a non-positivist foundation and look towards a constructivist understanding of reality.

It is important to understand the emergence of social constructionism from this position as being one of many new theories emerging from within a post-positivist paradigm.

Social Constructionism

The Origin of Social Constructionism

Social constructionism is a school of thought which emerged from within the discipline of sociology. Although the roots of the movement can be traced further back than the 1960's, Franklin (1995) identifies the movement as starting with Berger and Luckman's classic book on the sociology of knowledge, called "The Social Construction of Reality." From the discipline of sociology, social constructionism has moved into the field of social psychology. She further cites Gergen as having written extensively on this theory, particularly outlining the application of this theory to social psychological phenomena in an attempt to understand certain social processes.

Definition of Social Constructionism

Before defining social constructionism, it is important to realise, that it is a term used to describe the work of different writers. Within these writings there are key similarities but also differences. Consequently, social

constructionism does not have a clear, water tight definition, but rather it is a loose set of principles that guide the manner in which these theorists view the world. Burr (1995) uses the metaphor of a family to describe the approach. She states: "There is no one characteristic worn by all the members of the Smith family, but there are enough recurrent features shared amongst the different family members to identify the people as basically belonging to the same family group" (Burr, 1995, p.2).

Although there is no fixed set of principles that define social constructionism, it can be generally defined as follows: Social constructionism is a move that maintains that the world, as we know it, is interactively constructed within a given context. Gergen (1985) aptly defines social constructionism as follows: "Social constructionist inquiry is principally concerned with explicating the process by which people come to describe, explain or otherwise account for their world, including themselves, in which they live" (p.266).

Before considering the basic assumptions of social contructionism, it may be useful to consider the two saliant aspects highlighted by its name, "social" and "constructionism."

The Name Social Constructionism

"Constructionism"

"Constructionism" suggests that the social constructionist approach has a post-positivist, rather than positivist foundation. This distinction is central since, as mentioned above, these paradigms have very different belief systems around the generation and process of knowledge formation.

Gergen (1985) describes the constructionist nature of social constructionism aptly in his phrase "all ideologies, values and social institutions are man made" (p.270). The term `man made' refers to the perceptual process whereby we organise and structure our world in order to see it.

A natural extension of the perceptual process is describing what we perceive through our senses. The act of description can be seen as a naming process, attributing a name or symbol to our perceptual distinctions. This symbolic system is referred to as language. Language is the vehicle by which we communicate to others our perceptions or understandings.

It is important to realise that language and languaging is not a simple naming of distinction. Although this is an inherent aspect of the conversational process, there are two further aspects that are vital to our understanding of social constructionism. Firstly, languaging or conversation is a generative and evolving process. We do not simply label our perception when we converse or dialogue with others. What we say is not only influenced by the context and person we are speaking to, but also the content of what we are saying. More significantly, it is a mutual exchange of ideas, meanings, understandings and explanations. We make sense of our world, and this `sense' is shifted and shaped through our conversations.

A second aspect of the conversational process, related to the first, is the recursive relationship between languaging and perception. It is through language that our ideas or understandings change. This altered understanding, in turn, influences the manner in which we organise the world in the perceptual process. This altered organisation, we then communicate to others through description.

A necessary consequence of this process of forming and shifting ideas and meanings through langugae, is that our

ideas are always changing over time. An example of this is our view of self, or the `self concept'. From this perspective the concept we have of ourselves is always changing and shifting through a conversational process. It is not a fixed entity, but rather an understanding that evolves through dialogue (Owen, 1992).

This discussion on the conversational process, as well as the relationship between dialogue and perception, brings us to the second aspect of the term social constructionism, namely, "social."

"Social"

Before looking at this in more detail, it is necessary to briefly discuss the generation of knowledge, and how the social constructionists view this process differently to the theories within both the positivist and post-positivist paradigms. As mentioned above, the positivists believe that our knowledge is generated and strengthened by our sensory perception of the world, what is referred to as objective observation. The post-positivists, in contrast, believe that knowledge arises from the perceptual process, which involves organising and structuring our world. They maintain that there may be a real world but that we cannot know it in an objective way. We merely know our construction or organisation of the world.

Although social constructionism subscribes to the belief system of the post-positivist paradigm, it differs from both positivism and post-positivism belief systems in an important respect. These movements are in keeping with the traditional Western belief of the individual's claim to knowledge (Gergen, 1979).

Whether one views the individual acquiring knowledge through the representation of the world via sensory organs, or whether they acquire knowledge through uniquely complex

perceptual processes, both these paradigms still maintain that the individual has a claim to knowledge. In other words, the individual, in isolation, can generate knowledge (Gergen, 1979). Social constructionism is different in that it holds that knowledge acquisition is an interactive process within a historical and cultural context, not an individual process (Gergen, 1979).

Social constructionism is, therefore, fundamentally different from both these paradigms, in that it maintains that the generation of knowledge is an interactive process. It is in the mutual interchange or dialogue that we co-evolve a meaning or understanding of reality. The social constructionist movement places emphasis on conversation, because conversation or dialogue is an integral part of the knowledge-generating process. Language is a vehicle by which we co-evolve new meaning and understanding, which in turn influences the manner in which we perceive and describe our world.

A further important aspect of social constructionism is the context in which the interaction takes place. The interactive process referred to above, by which we come to know the world, does not exist in a vacuum. Our ideas, the meanings we attribute to events, as well as the manner in which we explain and understand what we perceive in the world is embedded in the historical and cultural context in which we live. This phenomenon can be well illustrated by noting the way in which our perception of certain phenomena, which are taken to be real, change over time. For example, the concept of marriage and gender roles within marriage has changed dramatically over time. Racial discrimination, the believed difference between people, has also changed significantly. Whereas before it was accepted that white people and black people were different, it is now accepted that these races are equal.

Basic Assumptions of Social Constructionism

Gergen (1985) outlines four assumptions which are inherent in the social construction approach. Firstly, social constructionism holds that something is not necessarily real or representative by virtue of observation. A category or understanding perceived by an observer is not real in an objective sense. Traditionally, there are commonly accepted constructs that are seen to be true or real. Social constructionism challenges the existence of these commonly held conventions or beliefs.

Secondly, those following a social constructionist view maintain that constructing a commonly held understanding is an interactive process. Furthermore, this interactive process does not happen in isolation, and needs to be seen within a cultural and historical context. This assumption, of the contextual and historical relevance of commonly held constructs, is clearly illustrated by commonly held beliefs that change over time. For example, beliefs about sexuality, gender role and marriage.

Thirdly, there is an assumption that the strength, as well as the length, of a commonly held belief is related to the interactive process, not the empirical validity of the belief or concept.

Finally, it is assumed that these commonly held beliefs relate to the manner in which people experience the world, as well as how they act towards each other. An example of this is the believed aetiology of the behaviour described as depression. If a community regard depression as a biological affliction comparable to a disease or illness, they will treat the so called `depressed person' differently to a community who believe depression is a chosen or preferred way of dealing with a difficult situation (Gergen, 1985).

As this point, it may be useful to describe how social constructionism is similar to the related theory, radical constructivism.

Radical Constructivism and Social Constructionism

Understanding the difference between these two approaches is important as they are similar in both terminology and belief. This similarity can sometimes lead to confusion if the distinguishing characteristics are not highlighted.

Social constructionism and radical constructivism both reject the idea of a real world that we can objectively known. Instead they postulate that our knowledge of the world is constructed. It is important to note that these theories arose from different contexts, and consequently have different beliefs as to how this construction takes place.

Radical constructivism is a theory developed within the natural sciences, particularly biology. According to this view, we are informationally closed nervous systems which encounter the world and form constructs in a mechanical way (Hoffman, 1992).

In contrast, social constructionism has arisen from the social science discipline. This view describes the formation of constructs as occurring through the process of interaction or conversation. In Hoffman's (1991) words, according to constructivism "percepts and constructs take shape as the organism bumps against its environment. By contrast, the social construction theorists see ideas, concepts and memories arising from social interchange and mediated through language" (p.5).

In short, social constructionism holds that knowledge is generated interactively through the vehicle of language within a characteristic cultural and historical context (Gergen, 1985). This conceptualisation of the way in which we come to

know the world, has important implications for both the theory and practice of therapy.

The Theory and Practice of Therapy from a Social Constructionist Perspective

The social constructionist approach maintains that meanings are formed in interaction, through the medium of language, within a specified cultural and historical context. A discussion of how these three aspects influence the practice and understanding of therapy follows, as well as how this process impacts on the aim of therapy, the role of the therapist and the position of a therapeutic model and theories.

Historical and Cultural Contexts

Our meanings and understandings are formed through interaction within a certain cultural and historical context. From this perspective, any problem that is described in therapy needs to be viewed and understood as emerging from within a given time and certain context. This implies that problems, as well as their solutions, cannot simply be generalised to other situations.

What makes a context unique is not only the uniqueness of the client, but also the uniqueness of the therapist. A therapeutic context is formed that evolves through the conversation of the therapist and the client. This context is unique and the meanings that arise cannot be directly transferred to other situations.

Language

Language is central to this perspective, because it is the medium in which understanding is both formed and shifted. We cannot understand or conceptualise anything for which we do

not have words or language. It is through language that new meanings are generated. These new meanings subsequently result in different ways of perceiving, understanding and acting. If the generation of new meanings is seen as the aim of therapy, then language is regarded as the vehicle by which this end can be achieved.

It is important to note that if language is regarded as a vehicle, then, extending the metaphor further, a certain type of vehicle is needed, namely, a participatory conversation.

Interaction

Therapy, from the social constructionist perspective, needs to create a space where new meanings are generated through dialogue. For ideas to evolve and change, a certain kind of interaction is required. The interaction needs to be a mutual sharing of ideas, where all parties participate in an interactive two-way exchange.

Anderson and Goolishian (1988) describe therapeutic conversation as a mutual exchange, a criss-crossing of ideas. This type of participatory conversation suggests that the therapist and clients are co-creators, which has important implications for the practice of therapy. The client brings his ideas, understandings and values and co-creates with the therapist, who also brings his understandings, ideas and values to the therapeutic conversation. From the dialogue in therapy between client and therapist, new meanings are created. The meanings in a therapeutic situation usually revolve around an understanding of the problem and concomitant resolutions.

This is important since, as described by O'Hanlon (1992), the problem can be co-created in such a way that a solution is attainable, rather than the problem being described as some complex internal process over which the client has no control.

These characteristics alter the position of the therapist, and the aim of therapy.

A discussion of how these three aspects influence the practice and understanding of therapy follows, as well as how this process impacts on the aim of therapy, the role of the therapist and the position of a therapeutic model and theories.

Role of the Therapist

Therapy based on a social constructionist approach dramatically changes the role of the therapist. The therapist is no longer regarded as an expert with privileged knowledge. Anderson and Goolishian (1988) describe the role of the therapist as being a conversational artist, his skill lying in the ability to facilitate dialogue and conversation.

This position is very different from the traditional view where the therapist is regarded as the expert with expert knowledge. In the social constructionist approach the concept of the therapist as the expert disappears. It is replaced by a participatory conversation in which all parties contribute in creating what Hoffman (1992) refers to as a "plurality of ideas".

Following this perspective, not only does the therapist as expert disappear, but also the store of expert techniques and models of human functioning. In traditional therapy, the therapist has pre-established understandings and conceptualisations, which are regarded as being true and correct. In other words, these understandings and conceptualisations guide the manner in which therapists perceive their thinking in defining problems and solutions. In contrast, the therapist adopting a social constructionist perspective, does not enter therapy with a preconceived model of the problem or the solution into which the client needs to fit. Both an understanding of the problem and the solution

arises spontaneously and is co-evolved within a participatory conversation. This results in a plurality of ideas. Hence, there is not only one way to view a situation, but rather a variety of ways to view and understand a situation. In therapy therefore, clients can both understand as well as resolve the difficulties in many different ways.

A further illustration of this difference between the traditional unidimensional way of viewing a problem, versus the social constructionist multidimensional way, can be seen in the well used metaphor of narrative or story which is used to convey belief and experience. Both traditional and social constructionist therapists make use of narrative. However, the intention and meaning that they attribute to the use of narrative in therapy is very different. Traditional therapists believe that there are essential elements that can be identified and conveyed to the client in the form of a narrative. This narrative or story can then be used to replace their own so called "dysfunctional" narrative. The therapist enters the session with a preconstructed idea of how to change the client's story.

Social constructionist therapists have a different use of narrative. They see narrative as arising spontaneously within the conversation. It is contextual and co-created. The therapist does not have a preconcieved idea of what needs to change and, therefore, does not impose a preconstructed story onto the client's story. Said differently, the narrative or story is born out of the mutual conversation rather than from either the therapist or the client (Hoffman, 1992).

The Aim of Therapy

A characteristic of this approach is the apparent lack of goal or aim of therapy. Hoffman (1992) describes the approach as "more participatory than others and less goal-orientated" (p.7). This can be understood in terms of a shift in emphasis. The therapist does not enter the session with a preconceived

idea or structure of the problem. Instead, he is concerned with participating in a mutual interaction which will lead to a co-evolution of the problem.

From a social constructionist perspective there is no preconceptualised goal. In other words, the therapist does not enter the room with a clear understanding of how a system needs to change. Instead, the therapist and client in a participatory conversation, evolve a common understanding of the problem and the solution. Neither of the participants can predict the direction of change.

This view of both the concept and process of change, is similar to the theory of change described by Prigogine (1986). He maintains a system is perturbed to a point of change, what he refers to as bifurcation. Once this point is reached, the system changes but in a direction that cannot be predicted beforehand.

It is important to emphasise at this point, that when therapists from a social constructionist perspective, use the term change they are not thinking of this changing behaviour, feeling or internal process in a specified direction, but rather shifting meaning and dialogue through the vehicle of language. It is from this belief that Anderson and Goolishian (1988) coined the term "meaning generating system", to not only describe the type of system, but also the process. It is a system defined by those in conversation and concerned with generating new meaning and understanding (Anderson & Goolishian, 1988).

To extend our understanding of therapy from a social constructionist perspective, it may be useful to juxtapose some saliant differences between social constructionism and traditional forms of therapy.

Differences between Social Constructionism and Traditional Approaches to Psychology

From the above discussion, it will be evident that the social constructionist approach to therapy differs significantly from traditional forms of practice and understanding. It is for this reason that Burr (1995) identified seven characteristics that distinguishes the social constructionist approach to therapy from other traditional approaches.

Distinguishing Characteristics of the Social Constructionist Approach to Therapy

Anti-essentialism

Most traditional approaches to psychology, like psychoanalysis or trait theory, believe that there is a definable essence inherent in understanding someone or something. By this is meant that there are given characteristics, which are regarded as entities. Social constructionism is different because it believes that understanding emerges from social processes. A social process is an ever-moving dynamic event and any idea which arises out of this process is not regarded as an essence or entity but rather an idea that is maintained by dialogue.

In therapy, therefore, therapists who work from a social constructionist perspective, do not look for essential characteristics that will explain the problem or guide the attempted solution, but rather give equal consideration to each idea that emerges in the therapy conversation.

Anti-realism

Social constructionism, unlike traditional psychology, does not believe there is a real world. Instead, the belief is that we construct reality through interaction within a

cultural and historical context. This belief radically alters the view of truth. The work of traditional psychologists, who believe in a real world, is characterised by an inherent goal to find the truth. Typically they would ask themselves questions like, "what is really going on?" with any given therapeutic system, namely the individual or the family. Those who follow the social constructionist approach are not guided by the desire to find the truth, as they accept there are many truths all equally valid.

Historical and Cultural Specificity

This point is an extension of the previous idea dealing with reality. Social constructionists maintain that any description or explanation is culturally and historically formed. This means that any explanation in therapy, does not have relevance in and of itself, but only as it has emerged within a given time and context.

This is different to traditional psychology where the focus is on discovering the true nature of people. They view this true nature as independent of context and time.

Language as a Precondition for Thought

Those following the social constructionist view believe that language is a precondition of thought. It is different from the traditional view, which regards language merely as an expression of thought, suggesting that thought existed and then language expressed that thought.

The idea that language is a precondition of thought comes from the belief that we are born into a world where there are accepted understandings and conceptual frameworks that guide our thinking. These conceptual frameworks are conveyed as we acquire language, and become the basis of how people think within a given community. This has important implications for therapy from a social constructionist perspective, because it

implies that meanings and thoughts are shifted in the realm of language.

Language as a Form of Social Action

An extension of the previous point is the social constructionist's belief that language is a form of social action. This implies that language is an active process whereby ideas are formed. It is relevant for the practice of therapy because it means that therapists are interested in everyday conversation.

This view of language is different to the traditional view where psychologists merely regarded language as a passive instrument used to communicate thoughts and feelings.

A Focus on Interaction and Social Processes

Traditional psychology looks for explanation of social phenomena inside the person. For example, the motivation, cognition and attitudes of the person are carefully observed. They are regarded as entities and are seen as responsible for what people do and say.

In contrast, social constructionism focuses on the social practices engaged in by people, as well as their interaction with each other. In other words, explanations are not found within people, but rather within the interaction between people.

A Focus on Processes

The aim of social constructionism is to focus on dynamic processes between people. This is different from the traditional approaches, where the attempt is to identify entities or structures, which would then be regarded as more or less stable. This difference has implications for the aims

of therapy, as well as the nature of the conversations engaged in during the course of therapy.

After this consideration of the theoretical base of this dissertation, and how it applies to therapy, it is necessary to turn to the methodology.

C H A P T E R 3

METHODOLOGY

Introduction

This chapter is concerned with outlining and describing the method of research fundamental to this dissertation. Initially, the paradigmatic shift pertaining to this dissertation will be considered, and how this has effected the research design and methodology. Thereafter will follow a description of some salient features of the qualitative methodological approach which directly pertains to the design of the present research. After a discussion on the application of social constructionism to research methodology, the design of the present research will be described.

Until recently, the social sciences and particularly psychology, have been informed by the positivist paradigm of the physical sciences. This paradigm guided the designing of research, the choosing of methodology and the interpreting of their findings (White and Epston, 1990).

The emergence of the new paradigm, referred to as post-positivism, brought about not only a change in the practice and theory of the social sciences, but also in research methodology and research design. This change of paradigm and concomitant change in research methodology can be seen as an evolution from the more traditional approach. It allows for different issues to be researched in a different way. For example, the positivist paradigm limited the nature of the concepts that could be researched because it required that subject matter needed to be quantifiable and measurable. As Guba (1981) outlines, not all in the social/behavioural realm can be quantified and a different type of methodology is required to research these social issues.

The design and methodology of the present research is

qualitative in nature and adheres to post-positivist assumptions. Before discussing research methodology in more detail, it is important to briefly consider the paradigmatic shift that has influenced both the view of research, as well as the role of the researcher.

Paradigmatic Shift

As described in the previous chapter, this century has witnessed a significant shift in thinking which we term a shift from the positivist to the post-positivist paradigm. This shift will briefly be described before considering, in more detail, how this shift has influenced research methodology.

The positivist paradigm has certain assumptions which guide an understanding of the world. These assumptions have been challenged by the post-positivist paradigm. The positivist approach maintains that there is a real world that can be known objectively. An observer is regarded as separate from that which he is observing. Any finding that the observer makes, can be objectivley seen as the absolute truth and can therefore be generalised to other situations (Lincoln and Guba, 1985).

The post-positivists on the other hand, maintain that there is not one real world that can be known, but rather multiple realities that are related to constructs of the observer. They do not regard truth as objective, but rather subjective and multiple. The observer is not regarded as separate, but rather as part of that which is being observed. Any finding the observer claims to have made is seen as a subjective description (Lincoln and Guba, 1985). It is therefore not directly generalisable to other situations.

The differences between these two paradigms dramatically influences the meaning and purpose of research, as well as the

role of the researcher. The terms quantitative and qualitative research are usually associated with these two paradigms respectively - a quantitative methodology being more suited to the positivist paradigm and a qualitative methodology usually regarded as more appropriate for a post-positivist paradigm. For the purpose of this dissertation, these terms will be used to refer to research methodology from within the two different paradigms respectively.

Quantitative versus Qualitative Research

This dissertation has a qualitative research methodology and consequently the quantitative approach will only briefly be discussed, primarily, to highlight the contrast between the two approaches.

Nature of Reality

Quantitative research is based on the assumption that there is a single reality that can be broken down into separate entities. These entities are usually referred to as variables and it is assumed that certain variables can be studied independently (Guba, 1981).

The qualitative research, on the other hand, is based on the assumption that all parts of reality are interrelated. This implies that the study of one part necessarily influences all other parts (Guba, 1981). Schwartzman (1984) describes this difference succinctly as follows: "Since an atomistic science can only produce atomistic `facts,' it is constantly validated by experiments that assume atomistic data and concurrently eliminate process and context as basic aspects of the psychological world" (p.226).

In other words, if research is about concentrating on specific identifiable variables, it is possible that the researcher may shut out or ignore an enormous amount of

sensory based information during the course of his investigation. He may become disconnected from on going events in the social interactional field.

Objectivity

Closely linked to the previous point of the nature of reality, is the idea of objectivity which is another distinguishing feature of these two types of research. Quantitative research assumes that a real social world exists independently of our observing of it, and that this independently existing world is singular, stable and predictable. As Atkinson and Heath (1987) state with regard to the belief of those adopting quantitative research: "There is a real world which exists out there, and if we are rigorous enough in our observations we will be able to attain an increasingly accurate and objective view of that world" (p.8).

Qualitative research, in contrast, maintains that even if there is a real world, we can never have objective access to that world. Rather, all description will be shaped by the perspective of the observer. It further does not assume that what is out there is necessarily single, stable or predictable. Instead, the assumption is that at any point in time, there may be many equally accurate ways to describe events in the social world. There is a belief in the existence of multiple realities (Atkinson, Heath & Chenail, 1991).

The Nature of the Enquirer-Object Relationship

The quantitative approach is based on the assumption that the observer is separate from that which he is observing. As previously stated, Keeney (1983) used the analogy of a black box to describe this relationship.

Qualitative research, on the other hand, maintains that one cannot separate the observer from the observed. What is

observed is part of the observer. The term `self referentiality' can be used to highlight this phenomenon (Keeney, 1983). What is observed is related back to the self, the "self" being the observer. This research aims at describing this relationship between the researcher as the observer, and that which is being studied or observed.

The Nature of Truth Statements

The quantitative approach maintains that truth statements, which are context free, are possible. This approach focuses on generating what Guba (1981) refers to as "nomothetic knowledge". Consequently, the focus is on similarities between objects, rather than differences. It is with these similarities that this approach substantiates the idea of generalisable knowledge, which is knowledge or information that, once assumed as true in a given context, can be generalised as being true for other contexts.

The qualitative view of the nature of knowledge is different. The assumption is that knowledge is not generalisable. In other words, information or different knowledge cannot be transferred and regarded as true in two differing contexts. Although they believe that generalisability is not possible, they mantain that a working hypothesis which can be applied to different contexts is useful (Guba, 1981). The qualitative approach further aims to develop idiographic knowledge, considering differences between objects or people as well as similarities. In this approach, therefore, it is more useful to refer to a description generated from research as the "pragmatic truth", as it is referred to by the Milan team (Papp, 1983). This is the most useful truth as it connects certain events and behaviour in such a way as to enable the recipients of the research findings to make constructive changes.

Guba (1981) refers to this distinction between the two approaches as a difference in focus. The quantitative approach

within the positivist paradigm is more concerned about rigour. Research has no value unless it is done `well', referring to rigour in methodology. The quantitative approach from within the post-positivist paradigm is more concerned with relevance. In their view, research that cannot be regarded as useful, is not worth doing.

Legitimacy

This difference, of rigour versus relevance, brings us to an important concept, namely legitimising research. The fundamental differences between the qualitative and quantitative approaches requires a shift in the criteria for legitimising the research. The major criticism of qualitative research is that it is too subjective and uncontrolled to yield valid findings. However, those in favour of qualitative research contend that the legitimacy of any research finding cannot be determined by the researchers themselves. While the insights generated through qualitative research need to be scrutinised and evaluated, the trustworthiness of hypotheses, insights or explanations cannot be established by individual researchers regardless of the methods they use. Legitimacy needs to be established by a communal judgement process (Atkinson, et. al., 1991).

The implication of this for the design of research is that communal judgement about the quality of a research report can only be determined to the extent that readers have access to the research process. The research needs to offer the reader insight into the researcher's investigative process. That is, the researcher's pattern of organising experience needs to be exposed and open for scrutiny. How the data has been organised needs to be clearly shown. Once the reader learns this proposed way of drawing distinctions of the particular behaviour under study, they can begin applying this set of distinctions in their own daily lives and in this way examine the legitimacy of the present method. In other words, readers will decide the legitimacy of the proposed set of

distinctions as they replicate this way of drawing distinctions themselves (Atkinson, et. al., 1991).

Designing Qualitative Research

The previous section has outlined basic characteristics of qualitative research. These characteristics necessitate a different approach to the designing of a methodology for a qualitative research project. The following three characteristics of a qualitative design are detailed because they directly pertain to the design of the present research.

The Emergent Design

The end result of a qualitative research is a description, over time, of an interactional pattern in a particular context rather than the quantification of static variables. In order to achieve this end, the research can be assumed to be characterised by flow and development. Because of the evolving nature of the research it is not appropriate to design the research in any final, definitive way before actually embarking on the process. In order to encourage interaction within a context, the design of the research needs to be emergent rather than preordinant (Guba, 1981).

Exact procedure cannot be specified for two reasons. Firstly, because meaning is determined by context to a large extent and secondly, because the existence of multiple realities constrains the development of a design based on only one investigator's construction (Lincoln and Guba, 1985).

Although the design is an evolving one, it is important to establish a focus, for the enquiry needs to be determined. This establishes continuity and coherence through delineating the area and general direction of the research.

The Role of the Researcher in the Research Process

The human is regarded as the instrument of the research. Only a human has the characteristics necessary to cope with an indeterminate situation. The qualities of the human which facilitate this research process are responsiveness, adaptability, holistic emphasis, knowledge-based explanation, processional immediacy, opportunity for clarification and summarisation and the opportunity to explore atypical responses (Lincoln and Guba, 1985).

Natural Setting

Qualitative research is always carried out in a natural setting as opposed to a laboratory setting. The natural setting is vital to a qualitative research design, because meaning and understanding of a particular phenomenon is directly related to the context of which it is a part. Idiosyncratic characteristics of the phenomenon under study will inevitably be related to unique characteristics of the context (Guba, 1981). Furthermore, by understanding and being aware of the environment we can more fully understand the phenomena.

Research from a Social Constructionist Perspective

Social constructionism maintains that what we know and understand is co-evolved through dialogue within a given cultural and historical context. These aspects of co-evolution of meaning, dialogue and context are essential in understanding research from a social constructionist perspective.

The social constructionists believe that the understanding we have of reality, and the meanings we attribute to situations are constructions. As previously stated, constructions can be seen as maps or structures we use

to organise reality. What distinguishes social constructionism from other related theories, is the belief that these constructions are socially formed through dialogue. A construction is not formed within the individual, but is rather co-evolved or co-created in the space between people, formed by dialogue and interaction. These ideas have important implications for the understanding and practice of research.

The primary implication of the above is that no idea, conclusion or finding arises in the mind of the researcher. Instead, ideas and conclusions are co-evolved between researcher and respondents. This implies that dialogue is an essential part of the design. It is important that the researcher interacts with the respondents. The nature of the interaction needs to be such that ideas can be co-evolved. The researcher is not regarded as the expert, or the respondent the unknowing subject. For a co-construction of meaning to take place, both the researcher and the respondent need to be seen as able to contribute meaningfully to a mutual exchange of ideas and meanings.

By virtue of this nature of the research process, the research design needs to be an evolving design. The ideas and meanings that will emerge from the mutually interactive process, cannot be predicted in advance. The design consequently needs to be open to changes both in understanding and practice.

The social contructionist's emphasis on context and the existence of multiple realites also impacts on the research process.

Cultural and Historical Context

All interaction and evolving meanings belong in a given cultural and historical context. The particular historical

time period and culture shapes our understandings and the meanings to which we adhere.

The implication of this for research is that the descriptions of the findings are related to a particular time period and cannot simply be generalised to other situations. The findings can only be used to shape the understanding of those who encounter them, either through reading or conversation. In turn, this encounter with the findings may contribute to co-evolving the individual's understanding of their unique context or situation.

Multiple Realities

As mentioned previously, the social constructionist approach maintains that there are many ways of viewing a situation, all of which are equally valid. Consequently, there is no single truth that needs to be discovered through the research process. This implies that research from this perspective is subjective, not objective.

The social constructionist approach acknowledges that there are many ways to construct or organise the world. Atkinson and Heath (1987) maintain that when considering this assumption from a research perspective, it is important that our way of organising the world be revealed. In other words, the researchers are required to reveal their unique ways of organising the world.

Having considered the main difference between quantitative and qualitative research, and some specific characteristics of qualitative research, as well as a discussion on research methodology from a social constructionist approach, the rationale of the present research design can now be better understood.

Design of the Present Research

Before considering the aim, the nature of the design and the data base, it may be useful to describe the idiographic nature of the research.

Idiographic Nature

A distinguishing characteristic of this research is that the research process is an integral part of clinical practice as well as training. Usually research is considered as a separate process. The information generated from this separate process is then fed back to training or clinical practice respectively. The fact that these three processes occurred simultaneously and are intertwined at both the level of practice, as well as theory, have important implications for the nature of this research.

Firstly, the process is subjective. Descriptions as well as insights about these descriptions are applicable to my experience at that particular time, within a given context. No attempt is made to arrive at objective understandings of the situation. The primary aim is to understand my experience and resolve an expressed difficulty I was experiencing.

Secondly, the process is personalised. This idea is closely related to the former on subjectivity. It means that the research deals directly with my personal experience. It is not a content study that attempts to expand professional understanding of a certain topic. Instead, this study is theoretical and experiential. Consequently, the research does not utilize an extensive amount of supporting literature. This is because it is more concerned with outlining and understanding my personal experience as described in the process.

Thirdly, this type of idiographic study does raise questions of legitimacy and trustworthiness. As outlined by

Atkinson and Heath (1987) in a previous section, this type of study cannot be judged legitimately by an individual researcher. Instead, it is through communal judgement that legitimacy can be determined. For this communal judgement to be possible, not only the findings and insights need to be outlined, but also the process by which these ideas were formed. This will be achieved by presenting the raw data, as well as the thoughts about the raw data in the subsequent chapter.

A fourth implication of this type of idiographic study is the issue that Guba (1981) refers to as rigour versus relevance. An idiographic study is justified by it being relevant. The objective of the present research is not to present rigorous arguments or findings, but rather to present a research process that has meaning to a particular researcher in a given context.

Aim

The primary aim is to explore the issue of intervention in therapy and to consider my role as a therapist in the process of intervention and change. This aim was prompted by an experienced difficulty with being directive in therapy. I was not able to simply resolve this problem by being non-directive, and I began to grapple with the issue of intervention in my role as a therapist. This issue guided the research and gave the process an initial focus.

Characteristics of a qualitative research project, as mentioned above, are that there is a general focus, but not a clearly defined research design. The design of qualitative research needs to be emergent rather than preordinant (Guba, 1981).

Emergent Design

This research design began with the general aim of

researching my role in the process of intervention in therapy, through a simple process of documented cases and following a problem-solving cycle. Beyond this general aim, the research design was open-ended. There was no clearly defined direction or desired outcome. This open-ended characteristic allowed for the process to unfold naturally. It further created an environment in which interaction could occur as part of the natural flow of the process. This spontaneous interaction is essential from a social constructionist perspective. It is through interaction and dialogue that new meaning is co-evolved. A design which does inhibit natural dialogue and conversation consequently inhibits the evolution of new ideas and insights, which is ultimately the aim of the research project.

One of the most important features which emerged primarily through the process of interactive reading, was the social constructionist theory. It provided not only practical guidance in the process, but gave the researcher a theoretical framework which was used to understand and interpret the journal used.

Data

I documented a succession of case studies in the form of a journal. I obtained the consent of the clients and all identifying characteristics have been changed to ensure anonymity. Each case study was organised and directed by a problem-solving model. Before entering into a given session, I would have a problem identified, with a plan of action which attempted to deal with the described problem. The result of the planned action would be documented and reflected on. Out of the reflections would emerge a further problem and the cycle would begin again.

The journal will be presented in the subsequent chapter. In order to organise the text I have divided it into ten phases. These phases have been further delineated by two

movements. The purpose of the movements are to highlight significant differences, as well as a point of change.

The data is presented in this way to not only reveal the raw data, but more importantly, to display clearly my thoughts about the research process as it evolved. This transparency in the process is essential for communal judgement (Atkinson, et. al., 1991). The reader will only be able to judge the legitimacy of any idea if they can clearly see the connection between insights and the described event within a given context. It is this contextual understanding that will allow them to decide whether a given idea is useful in their characteristic context.

After describing the social constructionist perspective, as well as considering the implications of the approach on research, it is necessary to look at the journal which is presented in the following chapter. Thereafter I will describe the journal from a social constructionist perspective in the subsequent chapter.

C H A P T E R 4

THE JOURNAL

Introduction

What follows is the journal which was written over a two year period. It was written in the form of a diary determined by therapy cases. It contains descriptions of what was taking place in these sessions, as well as my thoughts and reflections about these cases. To enhance the description of cases I have included some case illustrations which have been printed in italics.

In the process of understanding or organising the raw data, or what can be described as the original text of the journal, I found it useful to divide it into ten phases. Each phase begins with a new plan of action following on the reflections from the previous phase.

The ten phases I further divided into two movements. The purpose of this distinction was to puntuate a significant point of change. This point I regard as a turning point, not only in therapeutic practice, but also in conceptual understanding of that practice.

At the end of each phase I have inserted a brief synopsis of that phase. The synopsis contains not only a brief description of what was happening at that time, but also my conceptual understanding of the process. The purpose, therefore, of the synopsis, is to facilitate the reading and understanding of the content, as well as to make known my thinking about that content. The synopsis will be indicated in bold print.

Phase 1

I am finding it difficult to be directive in therapy. I

am experiencing discomfort when taking the position of the expert, who directs change, either overtly or covertly. My sense is that this way of working is disrespectful and does not recognise the clients as knowers of their own world. I, as the therapist, cannot fully know their world as they experience it and therefore cannot simply presume to know how they should change.

This problem arose within a context of a training course which advocated directiveness. Family therapy is directive by nature. In the light of this problem I feel it will be better to adopt a non-directive style in therapy, as I feel this way of being in therapy will more suit me as a person.

Synopsis

In this initial phase I describe a discomfort with being directive in therapy, particularly with the process involved in telling the patient what I, as the expert, saw as the problem and then directing them, either overtly or covertly, to change their behaviour in a given direction.

This difficulty arose within a training course where directive family therapy was taught. The structural, strategic and systemic approaches were outlined both from a theoretical as well as practical perspective.

I experienced this way of working as disrespectful of the client's own ability to understand their difficulties. Furthermore, this approach did not acknowledge that as a therapist, one could never fully know the "other's" world or experience.

Phase 2

This non-directive way of working has brought with it a different set of difficulties. I feel I am not in control of

the therapeutic process and that therapy is going no where. I am simply sitting passively by, allowing the client to direct the session entirely.

The metaphor of leader-follower, describes the therapeutic process aptly. I find myself following the client around. My manner is tentative and reserved. I experience myself as being stiff and unspontaneous. In the initial phase of therapy this follower position is not problematic. It is more in the stuckness that the discomfort arises. I feel I am unable to move out of this position and therapy is not gaining momentum.

I feel stuck in therapy because I am not in control of the process. On the other hand, I do not want to push the client around in a way that would imply imposing my views onto their situation. I want to rather try and work from the assumption that the client knows his or her world in a way I never would fully know it. My problem is then, how can I take control and still have a respectful attitude towards the clients as the knowers of their world?

Synopsis

To address my discomfort with a directive style of therapy I aligned myself with the nondirective approach. In spite of this, I soon realised that being nondirective was not the solution, and that it brought with it other difficulties.

My understanding of the nature of therapy, was that it was a process with a purpose and necessary aim. Consequently, I found myself feeling frustrated when I experienced the therapeutic process as being directionless. I saw myself as merely following the client and not taking the lead, or initiating ideas in therapy. Once having identified this problem, I focused on dealing with it, which introduced the next phase.

Phase 3

My aim is to move out of the follower position in which I feel trapped. I plan to do this by being more focused in therapy. I will try to achieve this focus by deciding on a specific issue I want to focus on prior to a session. For example, with a couple in marital therapy I have decided to explore some issues common to marital difficulties, for example, communication and conflict.

What happened just before this session, is that I changed my mind on how I was going to be focused in therapy. Initially my plan was quite forceful and demanding, and then just before the session, I changed my planned approach slightly and the focus became less forceful and more accommodating of where the client was at. Inspite of this slight alteration, the focus did help me take control as the therapist.

What I observed in this session, is that I found myself being more involved. At the beginning of the session, I was able to take the lead and initiate direction. But, as the session progressed, I found myself lapsing into the position of again following the client.

Case Illustration

This was the second time I saw the couple. Initially the wife had come to therapy for help. It was clear to us that her difficulties were related to her marital relationship and that we needed to see the couple. She had married her husband at a very young age and had been content to be dependent and child-like in the relationship for a few years. Recently she had been becoming more and more dissatisfied with the way he was treating her, and generally with her position in the relationship.

My initial plan for this session was to enter the

session with certain questions about their marriage, namely, "Do you have conflict in your relationship - often, sometimes, never? Are you left feeling satisfied with the way the conflict is resolved - often, sometimes, never?"

I disregarded this approach before entering the room because I felt it would be too confrontational. I decided to first win the husband over and convince him of the necessity of therapy. I feared that focusing on conflict would merely alienate him. A better approach would be to join with him and structure the session around him and his agenda rather than arrive with my own agenda. The revised plan was to ask him how he saw the problem and what he felt needed to be done. I tracked his communication for the majority of the session. He spoke with ease about his career plans and his current work difficulties. When I enquired about the marriage he said
it was going okay and minimised any problems I tried to explore. I involved the wife at this point to get her description of the problems. By the end of the session we had isolated the area of decision making and his wife's stress, as problem areas that could be worked on. Throughout the session I had the sense that I needed to be careful not to lose him. I felt he was defensive and that the definition of the problem needed to be non-threatening.

This phase was characterised by a decision to focus the session, in an attempt to take control of the process as a therapist. I began with a clear plan of how I was going to start. It was structured, directive and took the form of a planned statement. Just before entering the room I changed my plan slightly because I had an intuitive sense it would not be appropriate. I felt it did not take into consideration where they were at that moment.

Although the focusing plan was altered just before the session, it was still useful. I felt less lost in the session and more in control. To some extent it seemed to help me get temporarily unstuck but I did not feel in control of the therapeutic process as a whole. I had no real sense of where I was going in the long term. There was no overall plan and this left me feeling uncertain. I felt it was this uncertainty that resulted in reverting to following the client, in the hope that they would point out the direction.

I feel I need to be able to describe the therapeutic problem and the direction in which I plan to go.

Synopsis

To deal with the problem of not feeling in control of the process and being directionless, my aim was to focus the process more. As a result, I planned to have constructed some plan of action before entering the session.

Initially, focusing at the beginning of the session did help the process. I found myself more able to be involved. I felt more confident and in control of the session. Although I found this helpful at the beginning of a session, I soon found myself feeling stuck and uncertain. I thought that what was needed was for me to be able to describe the problem and the direction, not only for the immediate session but for the long term. This realisation lead me to the next phase.

Phase 4

My problem is that I need a frame in therapy on which to hang my observations, and to facilitate the formulation of long term goals for therapy. To try and address this problem, I think it would be useful to align myself with a particular model of family therapy and attempt to work with the framework described by that approach. I have a choice between the

strategic model, the systemic model, the conversational model and the structuralist model. I think the structural approach would be most appropriate in the context in which I am working. It also fits most comfortably with my style of working.

I began to study Minuchin's work, particularly his ideas on structure, transactional patterns and interactional diagnosis.

My primary aim for the first session, as I understood it from reading Minuchin's work, was to join with the family. I further intended to understand the problem as all the members saw it. Apart from these two goals, I wanted to observe structure, not only the structure inherent in the family system but also my position in the system.

After having read his work I was able to enter the therapeutic session with a plan for doing therapy in the first session. My aim was to join and to define the problem. This gave me direction in the session. Bearing in mind, that apart from conversing with the family about how they saw the problem, I needed to observe structure. These three goals of joining, defining the problem and observing structure, allowed me to feel more in charge of the session. I was also able to interact with the family on one level, while formulating in my mind what the problem was underlying the system. Said differently, it was observing the process of the communication which helped me formulate the direction of future therapy.

I realised that when I came out half way through the session to consult the team, I had already noticed what they pointed out to me and had devised a plan accordingly. This was a change from previous sessions where I was often not able to describe what was happening in the room, and even less able to give a clear idea of where I planned to go.

Case Illustration

This was the first session with this family. They were referred by a social worker who described the problem as being the one son's behaviour. It was generally described as misconduct, truancy, aggression, and destructive behaviour. There were three children besides a mother and father.

I began the session by asking the family members to introduce themselves, starting on my left. I spent some time with each child asking general questions like age, school, likes and dislikes. I proceeded by asking how we could help them. The mother spoke, pre-empting her speech with, "As I know the family, no one is going to speak now so I may as well." She described, in general terms, family conflict. For the next ten minutes or so I spoke about conflict and anger, trying to identify their way of communicating anger. I had the information that the son was very aggressive and had been identified as the problem. I was aware of this and tried to move them subtly towards him, asking who gets most angry. I got them to describe a specific incident where he got angry and I tracked around who was present and what they did. I got them to discuss what they felt when he got so angry.

I began to wonder what actually brought them to therapy at this time, as we had been speaking in very general terms. I also wondered why the father had been so quiet. He was sitting next to me and had begun to tap inpatiently against his chair. When I asked him questions he usually replied in an "I do not know, I do not care" way.

I was called out and reflected on this with the team. When I returned I said that I was interested in why they had come to therapy at this time and asked the father to explain to me. I focused on him for the next

10 minutes. He expressed a great deal of anger and said that this had all gone far enough and that his son was costing him a lot of money, the latest incident resulting in nearly being expelled from school. I asked him how he as the father of the house explained the situation. He suggested that there were many reasons, but in his opinion the worst contributing factor was his son's friends. The father delivered his opinion passionately and his tone communicated both anger as well as exasperation.

The next ten minutes were concerned with mainly the father, son and mother. I asked the son, Jan, what he thought of what his father had said. He said there was nothing wrong with his friends. Jan spoke with intensity and the interaction lapsed into an angry exchange between father and son. I interrupted by asking Jan what he thought the problem was. He replied that there was nothing wrong with his friends and that his father had written him off. I asked him how he knew this and he replied that his mother had told him. I asked the father if he had and he replied negatively, repeating that he did not know what to do about his son. I then asked the mother what she thought and she began to try and explain the "written off" message. When it sounded as though she was suggesting she did not say it, Jan interrupted, passionately defending himself and angrily saying that she did. She then proceeded to explain how she saw the situation. She also explained that he had been sent to hostel because of the conflict, saying it was the only way she could handle him. When I asked him to comment he was clearly not happy about it.

I began to try and conclude the session saying that there were things that they needed to speak about, like the move to the hostel. I also said that they obviously had some conflict which was quite normal, but that they

had conflict that was disturbing to them and that we could look at that.

The mother came in, apologising for wondering off the point, and explained that they were not here only for Jan and that they all had problems, immediately using her daughter, Marie, as an example. She burst into tears and spoke to her passionately saying that it was not true and that she was just saying that. I spoke to her directly asking her what she thought was the problem. She replied that her father was her problem, saying that her father thought she was mad. She suggested that her father also got extremely angry and that they just say it is her. I tried to passify her agreeing that it was something between them, neither in her nor in her father.

I concluded the session suggesting that they all come back. I mentioned a period of 6 to 8 times to give them an idea of what it would involve.

Reflecting on the above session, I found that paying attention to joining with each child at the first session, was a good way to start. It allowed me to feel more confident at putting the family at ease. My main aim was to find how everyone saw the problem. The mother began and did not speak specifically about the problem. I used the content she brought to explore their patterns of communication. This took the form of conversing with her about conflict in the family. While talking to her I also observed the father's growing agitation as well as the way in which he handled his irritation with his wife. I felt I was beginning to gather information about family structure, merely by observing. Inspite of these observations I did not lose sight of the primary aim of exploring how different members saw the problem. This led me to ask the father after the break how he saw the problem. Towards the end of the session I had an opportunity to hear from the identified patient what he saw as the problem. While I was gathering this information from the

father and the son, I was also able to observe their interaction and the interaction between the parents around the child's misbehaviour.

My experience of having the structural frame to fall back on was very encouraging. I found that I was more confident and in control during the sessions and that I enjoyed doing therapy more. However, working in this way troubled me because I was becoming quite mechanical in my approach. Although I felt more confident and in charge, I thought I had lost some individuality and warmth.

Synopsis

In this phase I thought it would be helpful to align myself with a certain model of therapy. This would provide me with a frame on which to hang my observations. I adopted the structural approach and began to organise and plan my sessions in keeping with this prescribed way of working. Initially this was extremely useful. I felt more confident and I was able not only to describe the difficulty and direction of therapy, but also observe more in the actual session. Although this was very useful, on reflection, I began to feel I was becoming mechanical and unspontaneous. I defined this lack of spontaneity as a problem that needed to be solved.

Phase 5

I am concerned about the way I am working. I feel I have become too mechanical and I want to be more involved in the therapeutic process. I feel that in my fervour after reading Minuchin, I have lost some spontaneity and I feel stiff and inflexible.

In preparing an assignment on the work of Bateson and Keeney, I have been aware of a possible solution in this regard. The idea that we can only learn to know another

through a participatory relationship suggests that dialogue is important in therapy.

I have started to realise that it is in my conversing with a client that new meanings can be constructed which can contribute to moving the client in the direction of change. Until now, I have seemed to be aloof and reticent to bring myself into the room. In some way I am trying to be a neutral or unbiased therapist. I am hesitant to directly influence the client to my way of thinking, as I feel therapy is about making one's own decisions about life. I am so guarded against bringing my views and thoughts into the room that I have become detached. The knowledge that it is not necessarily counter-productive to participate more and converse with the client in a more proactive way is liberating. Here is a model of therapy that advocates involvement and throws, so called neutrality, out the window.

I plan to make an effort to converse more in therapy. I want to convey my observations and interpretations more freely.

I found myself in a new environment, namely a psychiatric hospital, where I was seeing only individual patients. In these sessions, I saw myself as being more involved or talkative. I would suggest links, explore relationships and give descriptions of how I saw situations. I also found myself being more challenging. I would question the behaviour of some patients more than I usually would have.

Initially, I felt I joined well with patients. In time I ran into some difficulties. I felt therapy was stuck. I had been involved and active in initiating issues to be discussed during the sessions. I then found myself running out of therapeutic issues that could be explored. The patients in turn, had become so used to me initiating conversation that they could not change their view that they had to bring issues to therapy, which they wanted to work on. Instead, they would

arrive and wait for me to initiate conversation, and I would not be able to do this. The sessions became stuck and awkward.

Case Illustration

The patient I struggled with most, was a lady who had been admitted following an attempted suicide. I will refer to her as Miss A. She was able to look at her life and speak about her problems, as long as I initiated the theme. For example, she would come to therapy after having spoken to her mother. I would explore what she felt and what was difficult for her in her relationship with her mother. I found that I was reflecting feelings as well as prompting different aspects to look at. In time I felt we exhausted all her relationships and obvious difficulties. I was unable to introduce any more topics or aspects, and I found that she was unable to bring problems to therapy herself. It seemed to me as though she had become so used to me asking questions and exploring, that she knew no other way to be in therapy. Even speaking about how she needed to bring problems to therapy did not help the process. On a process level, I felt as though she sat back and waited for me to carry her. I soon became frustrated with this relationship. When I tried to persuade her to participate more in therapy, she became angry and sulked.

One of the sessions towards the end of this patient's stay, began as follows. She sat down and I asked her how she was. She replied that she was fine and described some content issue of her day. There was a period of silence which was broken by her saying "Well what would you like to talk about." I explained that it was her therapy and it was important for her to bring to the session what was worrying her. She said that there was nothing really worrying and I tried to explore further what was different in this session from previous

sessions but she didn't really seem to understand what I was getting at. The session ended early. Her manner was short and her tone was matter of fact. I sensed that she was angry with what was happening in therapy. I was at a loss as to know how to handle the process.

Initially, I could describe myself as being more involved and I felt more in charge of the sessions. What concerned me is that after a few sessions I began to feel stuck and helpless. I further had the sense that I did not understand or know my patients. I began to see that in some ways I had not been listening carefully enough to what they were saying.

I decided I had made a mistake by being so involved at the beginning of therapy. I thought that perhaps I could have held back a little and established the idea that this was their therapy and they needed to think about what they wanted to explore in their lives. After establishing this idea, I could have slowly become more involved.

On reflection, I decided that being non-directive first and then becoming directive may be better then trying to do it the other way round.

Synopsis

At this time, I had been preparing an assignment that was considering dialogue and conversation in therapy. I found these ideas interesting as I began to understand that conversation was essential in therapy. I realised that it could be helpful to be involved and give of my ideas in the process. I began to share more of what I was thinking. Although this was very useful I found myself once again becoming stuck. I described the difficulty as being the fact that I had been very active in sharing my ideas and that the patient had become used to this. In time I ran out of ideas and I felt stuck when the patient was not forthcoming with

ideas. I concluded that I had been too involved in the initial stage of therapy.

Phase 6

With the above problem in mind, I think it is best to begin therapy in a non-directive way and then gradually move to being more directive. I hope that this will prevent me from finding myself in a situation where I am doing all the work in therapy.

Even though my plan was to be non-directive and less involved at the beginning of therapy with a new client, it did not really work. The one client was awkward and uncomfortable and I found myself rescuing him.

Case Illustration

Mr R, is a fifty year old man, who was admitted into the hospital for depression. He had recently been divorced and had experienced a succession of retrenchments. In the first session, in which I tried to be non-directive, I was less talkative and allowed for silences. I began the session with a brief greeting followed by silence. He seemed to squirm in the silence. I experienced him as shy and awkward and found myself asking questions to relieve his discomfort. For example, "How have you experienced being in hospital?", "What brought you to being so depressed?". He seemed to respond well to this type of prompting and the session flowed more easily.

A second client was a young girl who was very passive and merely waited for me to initiate. I explained to her that it was her therapy and she needed to bring to therapy issues that were troubling her. She was not really able to do this. I almost experienced her

as stubbornly resisting the cue to give of herself. I began the first session with a greeting and a question about how she was experiencing being in hospital. She answered, "fine, thank you" and waited. I said that from the assessment I remember her saying that she was very depressed. She replied that people were horrible and she preferred animals. Most of the session was stilted and I struggled to establish a comfortable flow in conversation. It took the form of question-answer, and only after some time did she begin to elaborate more.

On reflection, I was concerned about being so involved. I found myself speaking more than I had wanted to. I had wanted to be different from the other sessions where I was very talkative initially and then got stuck. I felt I was on the wrong track.

Synopsis

To resolve this difficulty of feeling stuck when I ran out of ideas for conversation, I decided to begin therapy by being less involved. I saw the solution as being non-directive to begin with, and later becoming more directive.

I soon realised that this solution was inappropriate. To be totally uninvolved at the beginning was placing the patient in an awkward manner of relating. They came into therapy feeling uncertain in the process and I realised it was unnecessary to make them feel even more awkward by not interacting at the beginning of the therapeutic relationship.

Phase 7

I feel I need clarity and understanding about what I am doing in therapy. Trying to be either directive or non-directive is not helpful. To try and establish where I am

going wrong, I think I need to observe the contexts in which I tend to be either directive or non-directive.

I noticed that I was being directive in the following situations: (a) When the client placed me in the position of authority, (b) When I knew exactly what I was doing and where therapy was going, (c) When the issues that were brought were more structural and practical, and (d) When I felt there was a time pressure on therapy.

On the other hand, I noticed that I was non-directive and more passive in the following situations: (a) When the client was proactive in the session and brought issues to therapy, (b) When I wanted to present the client with an asocial response, (c) When I did not know how to proceed.

I concluded that I needed to be flexible and not work at trying to find a blanket rule for therapy. I needed to adapt to each client and each session, rather than act in the same way. Yet opting for a more flexible and varied approach did not necessarily solve the problem of stuckness.

I decided to focus on the system created by the interaction between myself and the client. I planned to observe the communication between us, both on the level of content and process. I wanted to consider the interactional pattern that developed between us. Using this as information about the presenting problem and the direction in which change could happen, could facilitate assisting the clients in their difficulties.

Synopsis

On reflection, it became clear that trying to understand therapy as being either directive or non-directive was not useful. I began to realise that I was simply going round in circles, not moving forward. I decided to reflect on past cases and identify the situations in which I had been either

directive or non-directive. From this exercise I learned that I need to allow the context and client to dictate whether I am directive or non-directive. In other words, I needed to stop trying to find a blanket rule of doing therapy. Although this was useful information, I still felt something was missing. I had a sense that I needed a model or map of therapy which would guide me.

Phase 8

Overall I am finding myself being more relaxed and I have lowered my expectations of what one can achieve with hospitalised patients in a short period. Before I had been trying to find the right thing to say or do that would change them or solve their problem in some way. I think it would be further helpful to be less focused on the problem-solving cycle. Instead of having a defined problem with a specific plan of action to solve the problem, I will now merely have a general idea of direction. Furthermore, not being so problem-solving in my orientation will allow me to observe the interaction and relationship in the therapy, which is what I feel I need to do at this stage.

Case Illustration

I was allocated a patient who I will refer to as Miss E. She was a twenty year old woman who was admitted following an attempted suicide. On first impressions she appeared to be shy, nervous and tentative in interaction. When asked in the assessment what she would like to work on in therapy, she giggled nervously and appeared to be at a loss as to how to answer the question. I deduced from this interaction that she probably had never been in therapy. I realised that I needed to give her, not only a general description of therapy, but some specific outline for our work together.

In the first session I introduced myself and made general enquiries about how she was settling into the ward. She answered my questions simply, "yes" or "okay". I verified that she had not been in therapy before. I explained that she would come to me twice a week and we would be speaking to each other. The idea being for her, and myself, to get to know her better, and for her to make plans pertaining to her immediate future.

With regard to our interaction, I felt I had taken charge of the process and she was compliant. She would answer questions simply or listen attentively. I became aware that an interactional pattern had developed between Miss E and myself. I would ask questions and she would answer them and then lapse into silence attentively waiting for the next question. I wanted to try and alter the process in some way. I wanted to create a context where she could bring her ideas and we could converse in a more flowing manner.

To try and coax her out of her passive role, I thought I would introduce a more social style. I said I would like to get to know her by hearing about her past. I began by asking a general question "How did you find school?" She replied, "okay". I then switched to asking a string of questions which would elicit a more detailed description. For example, "Did you enjoy primary school?", "What was your favourate year?", "Did you have many friends?", "If you were a teacher how would you have described yourself as a child?" In my responses to her answers I avoided the typical therapy phrase of "How did you feel about...", and rather replied with "Oh really." or "That must have been.."

For example, when we moved on to her high school experience and she explained how she had got involved with a church group and had many friends at this time, instead of trying to elicit her feelings indirectly with

a "how did you feel" question, I responded by saying that she must have felt very happy in this period.

Later in the session we moved onto her family life. She described an uncle that was staying with them in this way, "He tormented me." I asked how and she said, "He teased me because I was fat. I didn't like him, he used to work on cars in the yard and was always greasy." I replied, "It must have been awful to have someone like that living in the house."

Further on in the session I enquired about her relationship with her father. She said she did not get on with him and that he never had time for her. I explored the relationship further and she described a situation where he had managed to get hold of her medical file at a previous hospital and had read confidential information. In the file she had told the psychiatrist that she had attempted suicide in std 4. Her father told her afterwards that he had never seen the scars and intimated that it had not happened. To this I replied "If I were you it would have made me very angry."

On reflection, I felt it was very useful to adopt a more social stance. In time I noticed a change in our interaction. Instead of merely answering my questions and waiting for the next one, Miss E began to offer information. For example, when speaking about the relationship between her mother and herself, I had asked her how she and her mother got on before her death. She said that on the whole it was okay but they did fight about silly things. There was a period of silence, and then she continued. She described how her mother had had uncontrolled diabetes and had begun to sustain brain damage. She said she wished she had known she was brain damaged because she would have been more understanding.

There were more incidences like this and I felt I had achieved my goal of coaxing her out of a passive role. I was

convinced that this had happened due to the relationship I had established. I had joined on a level she could relate to which was more informal and sociable than traditional therapy. This together with being directive and not leaving her in a uncertain state contributed to the change.

Synopsis

I had become increasingly more dissatisfied with a problem-solving model. I decided to stop trying to solve a problem. Instead, I decided to focus on interaction and the relational system that developed between us.

I decided to lay aside the rigidity of the problem solving cycle. Instead of being focused on problems and solutions, I became more concerned about observing and understanding.

I was not goal or change orientated. I had no idea as to what I was going to do with my observations. For the most part, I merely wanted to relate to the patients and get to know them better.

In doing therapy with a young lady I noticed that I was asking many questions and she was simply answering. I felt I was not really getting to know her and I decided to adopt a more conversational style.

This altered the relationship dramatically and soon she was able to give of herself and contribute equally to the conversation.

Phase 9

In my work with Miss E, I think that she experiences herself as powerless to change her situation. My plan is to somehow show her the position she takes towards external

events. It seems as though she is powerless in the face of events. My plan is to talk about the pattern in some way.

Case Illustration

One day she came into therapy and began to talk about wanting an anti-depressant. She said that in the past that was the only thing that could lift her out of her misery. I explained to her that the psychiatrist did not want to put her on an anti-depressant as she already was on mood stabilising medication. We moved from that onto her unhappiness at work. I asked her what she planned to do about it. She said there was nothing she could do about it because she was not qualified to do anything else except work at the bank. I said that surely she could find an alternative job even if it was waitressing. She replied that she needed the security of the bank and that she was too afraid to leave for an insecure job. I asked whether she had considered studying further. She replied that she was too depressed. The conversation continued in this vain. I gave suggestions of how she could help herself and she discounted them immediately and I would try a different suggestion. Eventually I felt stuck and realised it was a redundant conversation.

I decided to use this interaction to convey to her the pervasive pattern of being powerless. I said to her that it seemed as though the more suggestions I gave, the more reasons she gave to counteract those suggestions. I asked whether this type of thing happened when she spoke to anyone else. She said it did, when she was speaking to her boyfriend. We moved onto speaking about her stuckness and I said that she reminded me of a piece of seaweed in the sea. It was unanchored and merely tossed around from one current to the next. She was not able to

do anything that would change the direction her life was taking.

I sensed that she understood what I was saying and even agreed with me. But I realised that this understanding had not really changed the way she related to me and her world. Said differently, talking about her stuckness had not empowered her.

I began to realise that entering the session with a definite plan, as I had done, namely, to address her patterns of relating, was not very helpful. This type of preconceived plan seemed to take precedence over where she was at on the particular day. In my mind I held the plan for change as being more of a priority than simply relating to her as she was in the session.

During the next session she spoke again about wanting an anti-depressant. She also spoke about her unhappiness at work and at home. It was clear that she still saw herself as stuck and unable to do anything. I realised that I needed to do something different.

Synopsis

I had noticed with her a way of relating, both with people and her situation. She saw herself as disempowered and helpless. Having identified this pattern, I decided it would be helpful to talk about it.

Although she seemed to understand the ideas I was conveying, they did not really make an impact on her. I did not feel comfortable with the session, and I realised that momentarily I had lapsed back into a purposive change orientated approach. I had identified the problem and planned to change it.

Phase 10

In the previous phase I tried to talk about the pattern and it had not worked. My idea was to act differently towards her. I am now uncertain at the beginning of the next session exactly how I am going to be different.

I found myself being more authoritarian. In a sense I was lecturing to her and she was listening. This was a change from the previous phase where our interaction was more along the lines of sharing ideas in a conversational manner.

Case Illustration

The previous week I had had a session with Miss E and her father. He had written a letter saying that he wanted to know more about his daughter's depression. I used the session to not only speak about her depression but to try and discuss their relationship and home life. It soon became apparent that the father's wife and Miss E did not get on and that most the tension at home was between Miss E and her step mother. I suggested that we make another time the following week where the step mother could come in with the father and we could look at the problems with every one present. The day before the proposed session, Miss E's father phoned to cancel. He said that he felt it would not help for them to all talk together and that generally the relations were too strained at that time.

At the beginning of the next session I spoke to her about the phone call with her father. She was not only angry but also hurt. She said it showed her once again that her father did not really care and could not be bothered to try and help her. We began to speak about her situation at home and her need to move out.

When we started speaking about the practicalities of moving out, her powerless position emerged. I asked her why she doesn't move out and she replied that she could not afford it. I suggested moving into a commune which was cheaper. She said that she needed more security and she was scared to take a risk. It was at this point that I changed my position and began to explain to her that life was about risking. I said that there would always be insecurity in her life. In a sense, her current position was precarious and insecure because her father kept on threatening to throw her out. I said that it seems as though her greatest fear was that if she moved out she would lose her job and not be able to continue paying for her flat. I said, realistically, it was unlikely that she would lose her job at the bank, but even if she did she could move down to her aunt in Durban until she found another job. The session continued and we spoke about the real and imagined difficulties around the problem.

On reflection, I realised that I had given more advice than usual. To my surprise she had not merely become passive but had contributed in the conversation. Our relationship had shifted. Instead of sharing ideas and conversing, we were discussing her practical problems and I was giving her advice. I realised that not having a definite plan at the beginning of a session allowed for a more natural and spontaneous conversation to emerge. Before the session I felt uncertain as to how to proceed. In the session I found myself relating in a parental way, giving advice, ideas and guidance. I certainly had not anticipated this stance but it seemed to be what she needed and she responded well.

Synopsis

This phase was more in keeping with phase 8. I was uncertain at the beginning of the session as to how I was going to proceed.

What evolved was a way of relating where I was giving advice and guiding her on practical issues. This was different from previous sessions where the conversation was more mutual. In this session I found myself being parental or authoritarian.

The client responded well to the session and contributed easily. I realised that not having a specific aim allowed the conversation and the relationship to evolve spontaneously.

Conclusion

These three phases marked a turning point. I no longer had the sense of feeling lost or directionless, although I did not have a firm direction which I could apply across the board. Allowing the direction to emerge spontaneously seemed to make the difference.

To illustrate the phases as they have been outlined in the journal, a diagram is presented below. The diagram presents the first movement in the form of squares, and the second in circles. The purpose of the diagram is to present a birds eye view of the path that leads from one phase to the next.

At this point both the theory and the methodology have been outlined, and the raw data has been presented in the form of a journal. What follows is a description of the journal from a social constructionist perspective.

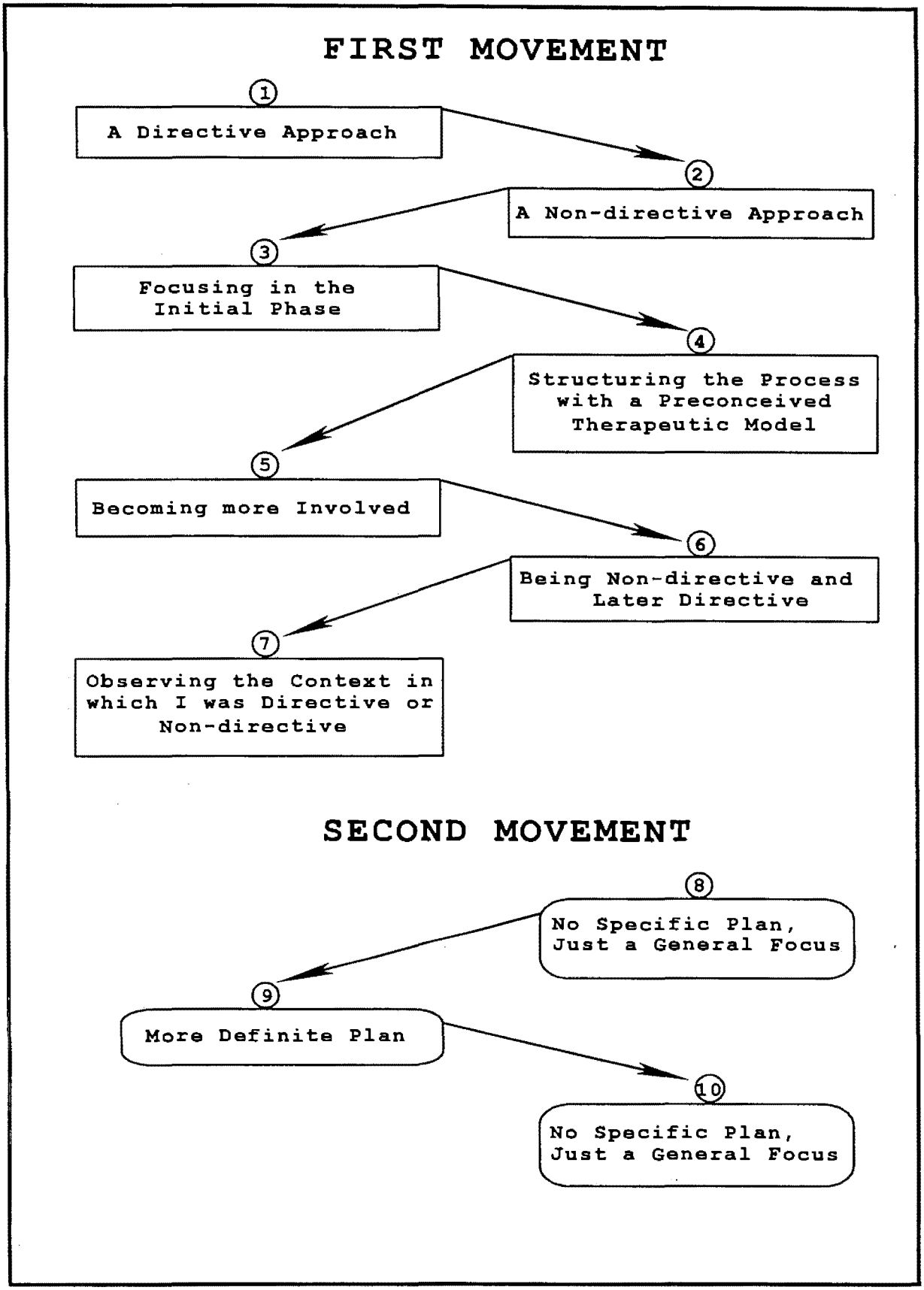

Figure 1: Diagramatic Representation of the Phases and Movements

CHAPTER 5

AN INTEGRATION OF THEORY AND PRACTICE

This chapter describes, and attempts to understand the journal, in the light of the social constructionist theory. Firstly, some key assumptions which characterise the paradigmatic shift will be discussed and how they contribute to a more informed understanding of the journal. Secondly, certain social constructionist principles will be described, emphasising how they relate to the journal. Following this, the chapter will be concluded with a meta-description of the journal.

Assumptions Characterising the Paradigmatic Shift

Objective Truth versus a Subjective Construction

As previously stated, the positivist paradigm is largely based on the belief that there is a real world that can be objectively known. Objective implies that there is an absolute truth that can be known through observation, by different people. In contrast, post-positivism maintains that we cannot know anything objectively. In other words, there is no absolute truth that is separate from context or observer. Instead, the social constructionist perspective believes that what we observe is a construct.

When considering the journal in the light of this assumption, namely objective reality versus constructed reality, it is apparent, that at the the beginning of the training course as well as the first few phases of the journal, I was searching for an objective truth. Translated into therapeutic terms, I was searching for one true way of doing therapy and of being a therapist, that I believed would be the most useful or correct way to behave as a therapist. The following description of the journal illustrates this search.

I first tried the directive approach and found that it did not work. To solve this problem, I tried to identify myself with a non-directive approach. This, I also found lacking with regard to usefulness and effectivity. I tried to structure the therapeutic sessions more by focusing. However, I found this too limiting and therefore, to extend the structure, I adopted a prescribed model, hoping that this would give me the direction I needed. I found myself being unspontaneous and moved to being more involved.

On reflection, it was as though I was searching for a way to do therapy that I could describe and know as the way in which I work. I regarded this way of working as being separate from the different therapeutic contexts. It was something that I could hold onto and could identify as my way of doing therapy.

From a post-positivist perspective, I was searching for the pot of gold at the end of the rainbow. I was searching in vain, because the pot of gold is only a myth, a story which is told. The idea that I could find a way of doing therapy that I could understand as the correct way of being, was a myth of objective truth that was told in the positivist paradigm. The constructivists rewrote the story suggesting that there are multiple realities, not only one. This means that in therapy there are many ways to see a problem and many ways to approach that problem.

A different descriptive metaphor to highlight this process is the metaphor of a map. I was searching for one map that I could carry with me and use to understand every therapeutic session. The map was either a directive map, or a non-directive map, a structured map or an unstructured map. The post-positivist position maintains that there are many different maps that can be used to understand different situations and that there is not one true way of understanding.

One Real World versus Multiple Realities

An integral part of understanding objectivity is this next assumption, namely, a real, tangible world. A real world exists versus no reality or different constructs of reality.

This second assumption is an extension of the first. The positivist paradigm believed that the world could be known objectively and that this world was real. The world was understood in terms of entities that existed. These entities could be separated from each other as well as measured and quantified.

Describing the journal from this perspective, it is clear that I was trying to find a way of working that was separate from the therapeutic contexts in which I was working. I regarded my behaviour as a therapist as something separate from the clients in therapy. I was trying to manipulate and change this behaviour, as though I was working with matter, rather than relationship or pattern. This showed itself in my attempt to be non-directive rather than directive. When this did not work, I added a little structure. This also seemed unsuccessful, and I tried to add even more structure in the form of a model. I was working like a chemist in a laboratory, trying one substance then another, adding a third to this and finding that more of the same may hold the answer.

These activities, I believed, would lead to the discovery of a formula that worked, a formula that I could hold onto and apply to different therapeutic situations - much like one holds onto a tool and uses it to fix different things.

Apart from searching for the objectively correct way of being a therapist, that I viewed as being a tangible entity, I also regarded myself as being separate from the client system.

Observer Independence versus Observer Dependence

The shift from positivism to post-positivism saw a change in the believed position of the observer. The positivist view assumed that the observer is separate from that which he is observing. As mentioned previously, Keeney (1983) refers to this phenomenon as the `black box' concept. This image implies that the observer is outside of the black box observing it in a separate and detached manner. This belief further leads to the view that the observer has the ability to unilaterally control or manipulate the system being observed. The post-positivists, on the other hand, view the observer as being part of the system being observed.

In my search for a correct way of being a therapist, I regarded myself as being separate from the therapeutic system. I was viewing the therapeutic process as an outsider and trying to alter the system by altering my position. When one way did not succeed, I tried a different way or technique, believing that when I found the correct way, it would alter the therapeutic process.

Not only did I regard myself as being separate from the client system, but I also regarded myself as separate from the client plus the therapeutic system that was a problem. Said differently, the first part of the journal shows therapist observing client system as well as therapist observing therapeutic system. Keeney's (1983) metaphor of the black box further illustrates this dual position. I saw myself as in the black box with the client but viewing the client as a separate entity in a smaller black box. I further saw myself as outside the black box which contained therapist and client in a smaller black box.

My following of a problem-solving cycle suggests that I believed that I was able to be separate from the therapeutic system and to view it as something outside myself. I simply identified a problem and attempted to solve it. I did not

regard myself as the problem. I believed that after a given therapeutic session, I could look at the session as I remembered it, or in a recorded form. By looking at it, I believed I would be able to identify a problem, much like a scientist studies a black box to try to identify a problem. Once I had identified a problem, I believed I could alter or change the problem by changing myself once in the black box again.

According to Keeney (1983), a result of believing that one is an independent observer, is the belief that one can unilaterally control or manipulate a system. Whether I was trying to be directive rather than non-directive, or tried to structure by focusing or adopting a model, my underlying belief was that I could directly alter the system I was working with, by changing my behaviour.

This belief of unilateral control brings us to the next assumption that looks at a linear cause-effect assumption rather than a more complex circular belief.

Linear Cause-effect versus Circular Causality

As mentioned above, following on from the concept that the observer is independent from that which he is observing, is the idea of unilateral control. This concept of unilateral control subscribes to cause-effect logic. The concept that "A" can directly influence "B" is an integral part of the positivist view.

The post-positivist view questions the simple cause-effect belief and maintains that there is a more complex circular causality of which linear causality is a part (Keeney, 1983).

From the above descriptions of my search for an objective way of doing therapy and the belief of being separate from the client system, it is clear that I subscribed to a cause-effect

view of change. I believed that acting in a certain way would directly change a given situation. My dilemma was finding that correct way to be, that would change the system in a specified direction.

Generalisable versus Idiosyncratic

Lincoln and Guba (1985) describe this concept as temporal and contextual independence. This concept maintains that a fact or truth can be generalised to different situations at different times. The post-positivists, on the other hand, maintain that a finding is related to not only the observer, but also the idiosyncratic characteristic of a given context and relationship.

Relating this assumption to the journal, it is clear that I was searching for a way of working in therapy, as well as a therapeutic identity, that could be generalised to all therapeutic situations.

The post-positivist view, on the other hand, maintains that a way of working, and the therapist's identity needs to arise spontaneously within the unique context.

A further important aspect of the concept of generalisability is the belief of a fixed entity or a stable concept. I believed that a way of working and a therapeutic identity were stable entities. Once I had discovered the correct way of working it would be something stable that I could transfer to different therapeutic contexts. An example of this was my search in the first movement for the optimal degree of intervention. I did not see the context as guiding the degree of intervention or the degree of structuring that I, as the therapist, would introduce into a given session. Instead, I saw the degree of intervention and structure as a fixed entity. Once I discovered the most effective or correct amount of intervention or structure, this knowledge could be carried from one session to another.

A result of this belief, (that is, that the type of therapist I was and my style of therapy was a fixed entity), was that I continued to search for the correct way of being. This contributed to the stuckness described in the first movement, which is characterised by a back and forth oscillation between intervening or not intervening.

Those supporting a post-positivist view, or more specifically a social constructionist view, maintain that techniques of doing therapy or one's identity is not stable but ever changing. The social constructionist perspective maintains that the movement happens within language. As our dialogue changes and evolves, so our meanings will evolve. The importance of language in the social constructionist approach will be elaborated on in the subsequent section.

After considering key assumptions which characterise the shift from the positivist to post-positivist paradigm, and how these assumptions relate to my beliefs and actions in the journal, an examination of some social constructionist principles follows, and how the journal can be understood in the light of them.

Social Constructionist Principles

The concept of language as well as the co-creation of meaning through dialogue, are fundamental concepts within the social constructionist approach. These concepts as well as related ideas, will be described in more detail below, and how they pertain to an understanding of the journal.

Constructions Bound by Language

The issue of language is critical to understanding the journal from a social constructionist perspective. I could not describe or understand anything that I did not have the words or language for. Our maps or constructs exist in

language. Both our descriptions and our understanding are as vast or limited as our language repertoire. We cannot describe or understand something for which we have no words. My current description of the journal, as well as the journal itself, are bound by the language that I have at my disposal, both now and at the time of writing the journal.

Every idea and concept expressed in the journal was formed by language. The initial belief that I had to become a certain type of therapist, depended on the naming of different styles of therapy or ways of behaving in therapy. The concepts expressed in the journal like directive and non-directive, structured or unstructured, are all names given to certain activities in a therapeutic context.

With this conceptualisation (namely, every understanding, description and meaning being formed and bound by language), one can understand that my described difficulty was a limitation of my language. To have a different understanding of myself, the therapeutic process and the idea of problems, I needed different words and language.

It is important to realise that language is not a static structure of words. It is ever moving and changing through dialogue and conversation. This implies that the way I view myself as well as the therapeutic process, will change over time through dialogue and conversation. It is in dialogue with clients as well as other professionals that our constructs of therapy and being a therapist will be shifted. This means that my understanding of therapy, my experienced identity as well as therapeutic techniques are not fixed entities that can be held onto in an almost tangible way.

Dialogue, from a social constructionist perspective, is a space where meanings can be co-constructed. It is in a mutual exchange that we are able to develop and evolve new words and understandings of ourselves and situations. These ideas will

be elaborated upon in the following section which deals with the social constructionist view of conversation.

Conversation and the Generation of New Meanings

If one considers that our perceptions are bound by language, then it is only in dialogue and conversation that these perceptions can be shifted. It is through the vehicle of conversation that we develop new language and consequently new meaning. It is through this evolution of language and meaning that we begin to view the world differently.

When I entered the training course I had a certain perception that had been formed through dialogue in my previous training. These perceptions and concepts will be discussed in more detail below.

Dialogue is an informal and spontaneous process. It arises naturally in many different contexts. The conversations that formed part of my thinking and development during the course of my journalling were varied. The therapeutic sessions are important examples of conversation that shifted thinking. Each client came with different ideas and ways of relating. In addition, conversations with trainers in both formal lectures as well as informal settings, discussing cases with fellow students and other professionals also contributed to shifting my thinking. An important form of conversation that is not generally regarded as such, is the act of reading. The author, in the form of written text, together with the reader co-construct and evolve new ideas in the mind of the reader. Literature during this time contributed greatly to shifting my ideas and thinking.

The Role of the Therapist

The traditional role of the therapist is to identify a problem and then change it. Something is usually regarded as a problem by virtue of it being discrepant with a particular

model of human functioning. The role of the therapist from a social constructionist perspective is very different. The therapist, from this perspective, needs to facilitate a mutually interactive process, where both client and therapist contribute to the conversation in an attempt to understand what the client brings to therapy. This mutual search for understanding will lead to the co-evolution of new ideas which in turn will alter perceptions of the client in their world (Anderson & Goolishian, 1988; Hoffman, 1991).

The first part of the journal is a description of how I was attempting to function within the conceptual map of a change agent. I was trying to find a model which would guide my thinking in the search for identifying a problem and finding the correct technique to solve the identified problem. This model would give therapy a clear goal or aim.

This was different from the final part of the journal. Here I became less goal orientated and focused more on interaction.

It is clear that for the initial part of writing the journal, I saw my role as a change agent. I felt I needed to understand and identify a problem in accordance with a normative map of human behaviour. Once having identified the problem, it was my role to change the identfied problem.

This is very different from the social constructionist view where the therapist is regarded as facilitating conversation which will spontaneously lead change or resolution of the problem. Towards the end of the journal my work began to take a more interactive, conversational stance. By interactive, I mean what Anderson and Goolishian (1988) described as a mutual exchange, or a criss-crossing of ideas. This is different from a therapist talking to a client in a specific way which could be described or classified, as directive or nondirective, or client speaking to therapist, while therapist merely listens and gives minimal encouragers.

View of Therapeutic Models and Techniques

Therapists who work from within a positivist paradigm view the role and function of models and techniques, very diffferently from therapists who work within the post-positivist paradigm, or more specifically the social constructionist perspective. The former regard therapeutic models as normative maps of human functioning. They are held to be true and generalisable. Their function is seen as allowing one to identify healthy and unhealthy functioning.

Those following the social constructionist perspective view models and techniques very differently. They do not regard them as absolute reflections of human behaviour. They do not regard models as being either absolute or generalisable. Instead, any structure of human functioning is something that is co-evolved between therapist and client in conversation. It is only regarded as useful as it is relevant to that particular context in which it spontaneously arose.

As discussed in previous sections, my primary aim for most of the journal was to find a model of doing therapy. This model I intended using to identify problems and guide me in a change process. The model was something I saw as separate from a given therapeutic context and presumed I could keep it separate and apply it to different contexts.

A significant change in the journal occurred when I stopped searching for a model and focused more on interaction and understanding of the client. This shift can be seen as moving towards a more social constructionist way of approaching therapy.

Two concepts that are crucial in understanding, not only the journal but also the distinction between therapy from a positivist verses post-positivist perspective, are the concepts of therapist as expert and the identity of the therapist.

Therapist as Expert

The positivist view regard the therapist, as the expert. They believe that the therapist has access to expert and privileged knowledge which provides them with a superior understanding of the client and their problems. As mentioned above, this usually takes the form of models of personality structure and functioning.

The social constructionist view does not regard the therapist as the expert. In this view the therapist is only there to facilitate a mutual conversation, to create a context where ideas can be shared and new meanings can evolve.

The journal begins with a description of how I felt uncomfortable with the directive approach to doing therapy. It required the therapist to understand the direction in which the family or client needed to go, and then to direct them in that direction, either covertly or overtly. In essense, I needed to be the expert and direct the clients in a direction that was correct in accordance with my expert knowledge.

In subsequent phases I did not relinquish the role of expert, but rather tried to find an expertise that seemed to fit with me. I was searching for a model that would provide me with this expertise. My difficulty was around finding a model with which I was comfortable.

This position of being the expert changed in the final three stages where my aim was no longer to find a model or best way of working. I no longer regarded myself as a change agent or expert. Instead of considering myself as having expert knowledge about the client, I saw myself as co-creating a context in which a mutual conversation would lead to knowledge and understanding about the client and their situation.

Identity of Therapist

From within the positivist paradigm, the identity of a therapist is seen as something relatively stable. This is in contrast to the social constructionist view where any idea of self is regarded as an idea in language which is continually in flux. As conversation takes place, so our concept of self, or concept of self as therapist will change and evolve.

For the first part of the journal I was searching for an identity that I could see as relatively stable. I could be a particular type of therapist from one therapeutic context to the next. I wanted to discover an identity as something separate from a given therapeutic context or session. At this stage I was still thinking and working from within a positivist paradigm.

The last three phases are different, not because I found an identity that I felt fitted with me, but because I stopped looking for an identity. The type of therapist I was going to be, evolved spontaneously from within a given therapeutic relationship. This spontaneity was only possible when I ceased to have a preconceived plan of how to be as a therapist.

In both phases eight and ten I was uncertain about how exactly to proceed. In phase eight I found myself having a more sociable stance, while in ten the relationship resembled that of a parent-child. I was more authoritarian, giving ideas and advice on her future plans. In both these sessions the client responded well. In contrast, the ninth phase was different. In this session I had a definite plan and felt at the end of the session, that I had not reached her. She seemed to understand, but she did not participate as interactively as she did in the other two sessions. In style, this phase resembles the phases belonging to the first movement. It was this temporary step back which confirmed my idea that the style of therapy needed to emerge from within

the conversation. It could not be imposed onto a therapeutic relationship.

Historical and Cultural Context

It is important to note that any perception, understanding or view of the world is not only bound by language, but exists within a certain cultural and historical context. As described in chapter two, certain maps of the world, or meaning structures are in "fashion" at a certain time. This is related to what is being talked about and by whom. The more people speak about a certain idea, the more commonly accepted that way of viewing a situation becomes. My view of the training course and of therapy, as described in the journal, is imbedded in a certain context.

Views or Constructs Prior to Beginning the Journal

What follows is a description of certain views that I previously held, views that determined the manner in which I interpreted the therapeutic process at the point at which I began the training course. I will also briefly describe the training context as I experienced it and how my views of therapy, and the conversation about therapy in the training course, differed and sometimes conflicted with one another.

To begin with, I viewed psychologists as change agents. Our society at the time, and still now, sees psychologists as able to change human behaviour. People come to therapy expecting change. Conversations within my previous training course created a meaning structure that prescribed the role of the therapist as someone who could change human behaviour. I therefore saw myself as needing to learn to change people.

In addition, through dialogue and conversation, dealing with the process by which one becomes a therapist, I believed

that a masters degree in clinical psychology would help me be able to change human behaviour. This ability would place me in the role of the expert. Implicitly, through dialogue around issues such as assessment, personality structure and functioning, as well as developmental psychology and psychopathology, a meaning structure was formed in me that defined psychologists as having access to knowledge that enables them to assess a situation and identify a problem, which they then are able to alter or change. This further confirmed to me the idea that psychologists are experts with expert knowledge.

This view of the role of a psychologist also determined the manner in which I viewed problems. I understood, that as the expert and therapist, I needed to identify specific problems and be able to change them in a direct way. Through acting in a certain way, or speaking in a certain way, I should be able to bring about change in what can be described as a cause-effect manner.

Many conversations, prior to the training course, were about categorising therapeutic activity into specific types. Not only was therapy spoken of as belonging to one or another category, but it was often suggested that as a trainee therapist, I needed to align myself with a particular way of being therapist. I began to believe that I needed to identify with and adopt a certain style or approach of therapy. One would often be asked, "What style, or approach of therapy do you have?" This led me to believe that it was imperative to have a certain approach. That as a therapist I had to have a certain identity. To be a therapist I needed to belong to a certain group.

It is with these maps, as well as others, that I entered the training course. The course work involved studying certain schools of therapy that can be referred to as directive. Said differently, the dialogue and conversation at

the time was around directive family therapy. I found this approach difficult to simply apply.

I primarily experienced discomfort when conveying the belief that I knew better than the family. I, as therapist, would communicate, either overtly or covertly, what the problem was and how to solve it.

When experiencing this way of working first hand, I found the role of "knower", simply not fitting with me as a person or my view of myself as a therapist. Furthermore, I was reading literature that dealt with the constructivist movement and the idea that no one could fully know the world. We know only what we construct. Through this literature I began to feel more dissatisfied with my view of working as a therapist and way of doing therapy.

A Meta-description of the Journal

Until now, this chapter has described specific activities as outlined in the journal. These activities have then been understood in the light of specific theoretical principles. What will further enhance an understanding of the journal at this point, is to step back and consider it from a different level.

The term meta-description, refers to this higher level of description. It is a different way of punctuating the same stream of events, and a different way of naming the emergent patterns (Keeney, 1983). Bateson (1979) referred to these different punctuations as description of process (a description of our sensory process), and classification of form (a typology or categorisation of that description). The classification of form is a higher level of description than the desription of process.

The journal can be divided into two main sections, which will be referred to as "movements." These movements are distinctly different by virtue of the phases within each movement being different.

The First Movement

The first movement ends after phase seven, and the next movement begins with phase eight. In the first movement, the seven phases are characterised by an oscillation between what I described as directive and non-directive approaches to therapy. I saw the directive approach as an approach where the therapist assessed the problem and gave directives, either covertly or overtly, for change. I viewed this approach as being structured and the therapist as being the leader who was in control of the session.

Key words that formed my understanding of the characteristics of a directive approach were: directive, expert knower, structured, goal orientated, involved, in control and leading the session. I viewed these characteristics as belonging to one side of a dichotomy which I referred to as directive. The other side was what I called non-directive.

What I describe as non-directive can be seen as almost the direct opposite of directive. The therapist has no clear aims and they do not give directives for change. The sessions are unstructured and the therapist merely follows the client, listening attentively, but not directing or controlling the session. Key words on this side of the dichotomy were: non-directive, non-expert, non-goal directed, unstructured, uninvolved, not in control, and following the client.

I viewed these two categories as mutually exclusive. I could not be non-directive and involved, or involved and unstructured. Over these seven phases I often described stuckness. The solution to the stuckness I always found in

the opposite side of the dichotomy. For example, when stuck in the directive approach, I moved to the non-directive approach and vice versa.

What is important in this first movement is that my thinking was bound by the language of two mental structures that kept me entrapped in a certain way of thinking and acting. These mental structures were formed by certain words and meanings. Only when I began to develop different words and meanings was I able to change my mental structure of therapy and subsequently shift to the second movement. I understand mental structure as referring to the structure or construct that forms part of the perceptual process. It exists in language and helps us organise the world in a way that attributes meaning and understanding to our perceptions.

To enhance an understanding of the first movement, it may be useful to outline two mental structures that characterised and guided my thinking during this period.

The first mental structure I will refer to as the directive\nondirective duality. The words that formed my understanding of these supposed opposites, did not only have meaning in and of themselves. I understood them in the light of their opposites. For example, involved, did not only mean talking more and sharing more of my ideas, but I saw it as the opposite of uninvolved, which I understood as talking less and withholding the therapist's values and ideas from the therapeutic conversation.

This understanding of a given word to include the opposite, can be seen as the mental structure that resulted in an oscillation. When the one was not regarded as satisfactory, I moved to its opposite. When that no longer worked, I moved again to the initial side but in a slightly different form. So from directive, I went to non-directive. From non-directive I went back to the directive side but in a different form, namely, structured.

The second mental structure that characterises the first movement is that of the problem-solving cycle. I was adhering to a simple problem-solving cycle that began with an identification of a problem which was followed by a specific aim to solve the problem. This aim was put into action and the result of the action was considered with identification of a problem in mind, which would begin the next cycle.

Certain positivist assumptions formed the foundation of this cycle, which were discussed in more detail in the first section of this chapter, namely, observer independence, the existence of a real world with separate entities that could be examined in isolation, as well as the belief in an absolute truth that existed and only needed to be found.

Apart from these characteristics, the problem-solving cycle assumed that there was a problem that could be solved by putting certain planned actions into action. The words "problem","aim", "action" and "reflection" limited my thinking and action about therapy to a simple deductive process. My belief was that this process will lead to a truth about doing therapy. I would find the one true way of effectively being a therapist.

These two mental structures worked together in guiding my thinking and actions in the first movement. The idea that I needed to solve a problem was like the fuel that energised a car into movement. The directive\non-directive duality was the track on which the car went back and forth.

When considering the first movement, the seventh phase is significant because it can be seen as the prelude to the next movement. In this phase, I attempt to relinquish the aim of trying to find a consistent approach. In other words, I began to be disillusioned with the belief that there existed an absolute truth, a real way of doing therapy. Instead, I realised the problem was not whether to be either directive or non-directive. I saw the answer as lying in the context. The

context would dictate as to whether to be either directive or non-directive. Conceptually, I moved out of the linguistic dichotomy of directive and non-directive as an absolute truth that could be seen as real in any situation. This shift in thinking can be seen as only the beginning, as I was merely dropping the idea that one or the other could be adopted as a blanket rule. I regarded context as guiding me into choosing either one or the other. This shows that my thinking was still bound by either directive or non-directive.

The Second Movement

The eighth, ninth and tenth phases form the second movement. They are significant because my view of therapy, as well as experience thereof, changes completely. I move away from the issue of being either directive or non-directive, as well as the issue of finding a true model of therapy which would guide my actions and thinking in therapy. This meant that I abandoned the problem-solving model, and instead of having a specific plan for a given session, I only had a general idea or direction.

To understand the shift from the first to the second movement, it may be helpful to extend the metaphor of the car described in the first movement. In the second movement the car ran out of fuel. I began to be frustrated with the rigidity of the problem-solving cycle and consequently adhered to it less rigidly. Instead of having a specific plan of action, I had a general aim. I was not trying to do something specific, like focus or talk more. I merely had a general aim of interacting and understanding. My understanding was guided by two goals, namely, interacting and observing. In short, my aim was interacting and observing, rather than planning and acting.

Phase eight and ten are similar in that I do not have a specific aim, only a general idea as mentioned. The result was that I experienced the session positively. The client

seemed to benefit from our conversation. To my surprise a style of therapy emerged spontaneously from within the session and the session did not suddenly run dry as I had feared. In phase eight I was conversational and sociable, while in phase ten I was more parental and advice giving. Although these styles were very different, they seemed to fit with where the client was at.

Phase nine was different in that I moved back to an old way of being, namely, planning specific change. I felt this session had not really met the client where she was at. From a social constructionist perspective a mutual conversation had not co-evolved between us. It was this phase that confirmed my view that planning specific change inhibited a mutually interactive process arising spontaneously.

It is important to realise that experientially, these changes emerged spontaneously or incidently. It was only after reading social constructionism that I could, in a more formalised way, understand the process which arose spontaneously.

Reading about the social constructionist theory allowed me to describe the meaning and understanding of the change that had occurred. The social constructionist theory gave me the words to understand and describe a change in the therapeutic process.

To summarise, from a social constructionist perspective, I, as the therapist, facilitated a mutually interactive conversation. From this interaction arose a mutually constructed meaning of the aim of therapy, as well as the desired area of change. A model, or way of working evolved naturally from dialogue.

This process was different from the process described in the first movement. I no longer regarded myself as needing to be the expert, with an expert model of human functioning. I

did not need to identify a problem in accordance with a model, or change the identified problem by acting a certain way. I did not need a consistent way of working, as a way of working would arise spontaneously within the conversation.

Before concluding the writing of this dissertation, I feel it will be meaningful to reflect on the process and present a brief summary.

CHAPTER 6

SUMMARY AND REFLECTIONS

This dissertation has attempted to describe my development as a therapist and particularly as it is characterised by a paradigm shift. This paradigm shift occurred at both at the level of practice as well as conceptual understanding. The change first occurred on an experiential level and was thereafter followed by a formalised conceptualisation.

Through describing the journal from a social constructionist perspective, this dissertation primarily aims at outlining how a change in practice is recursively connected to a change in language.

The first part of the journal describes a difficulty I was experiencing in the practice of therapy. This difficulty was only resolved when I could language differently about therapy. A change in perception, and conceptual understnading of the perception, was accompanied by a change in language. With this change in language, the described problem ceased to exist. The problem was not solved, but rather, as Anderson and Galooshian (1988) describe, "it dissolved", implying that the problem naturally dissipated.

The concept underlying this description is the concept put forward by the social constructionist theory, that everything we know is bound by language. We can only see, understand or describe what we have language for. In other words, something that does not have language, is not experienced as existing.

An extension of this idea when considering the journal is that a paradigm, or any given theory belonging to a certain paradigm is simply a language system or structure. In the first part of the journal I was working from within the positivist paradigm. This meant that I had a set of

principles, or what can also be described as a set of words. These words guided not only what I perceived but also the way I acted and the manner in which I understood my actions. At phase eight, as described in the previous chapter, I began to be less problem and solution focused, and I no longer held a preconceived plan prior to a therapy session. This change marked a point at which my view of therapy changed and a shift occurred in the way I behaved as a therapist as well as my understanding. At this point a different language system emerged which can be seen as belonging to a post-positivist paradigm. Simultaneous to this shift I had been studying the social constructionist theory as put forward by Hoffman, Anderson and Gergen. Their writings greatly facilitated a more formalised language system which contributed to the change occurring in my practical work.

To understand this change more fully, it is helpful to view the change, as outlined in the journal, as occurring on two levels. Namely, the level of experience and the level of language or theory.

In the case of my development, as described in the journal, the initiative for change occurred on the experiential level. I experienced a discomfort with a directive style which was being put forward at the beginning of the training course. My inability to resolve this difficulty lay in the limitations of language described above.

The words limited my view of reality and therefore limited my action in therapy, as well as my retrospective understandings of those actions.

It was my experienced discomfort with the directive approach that initiated a search for something different. I experienced the directive way of working as not only disrespectful but also hasty and possibly incomplete. I was always left feeling that perhaps there was more that I did not understand. At some level I also experienced this way of

working as being manipulative. The intention was to convince the client that my way of viewing the world was more correct than theirs. In short I felt uncomfortable with the role of the expert.

It was also through an experienced frustration of being stuck that I could abandon certain structures that were maintaining a stuckness.

I had experienced a stuckness with the problem-solving cycle that I had adhered to up to phase eight of the journal. I decided to abandon the rigidity of this prescriptive structure. Instead I wanted to focus more on observing and understanding what I saw.

In additon to this, I no longer had a preconceived plan of action. I allowed the context and the relationship to shape the action in therapy.

It was at this time that I began to read more about the social constructionist theory. Certain concepts inherent in the theory I began to recognise as coinciding with experiences I had had in the course of the period described in the journal. The two fundamental social constructionist principles which shifted my understanding of therapy were the ideas of shifting meaning through dialogue, and co-evolution of meaning.

Due to the first concept of meanings being shifted in dialogue, I began to realise that the meanings and understandings that guided our view of the world were bound by language and therefore able to be shifted in dialgoue. This implied that change in therapy was about shifting meanings through dialogue.

The second concept, though related to the first, was significant because it outlined more clearly the type of conversation or dialogue that was required, one that was

mutual and interactive. In addition I began to realise that conversation occurred within a unique context and unique relationship. This meant that conversation could not be planned in advance but needed to evolve spontaneously.

Contrasting these ideas with ideas described in the first part of the journal, one can understand more clearly the theoretical shift inherent in the described change in practice. I no longer believed there was an objectively true way of being a therapist or doing therapy. Instead, there are multiple realities, and consequently many different ways to view the therapeutic process.

Furthermore, there is no fixed therapeutic models. The model would arise spontaneously within a co-evolving conversation. Not only was there no objective and stable model, but this model could not be generalised to other situations. Each situation and therapy session is unique and the understanding as well as specific way of working would evolve spontaneously from within the dialogue.

These changes only occurred when I had a different language at my disposal. Wittgenstein, (in Watzlawick, 1984), aptly describes the process that I have attempted to describe of our perceptions and understandings being bound by language. It is only by changing language that we are able to change our view of the world. "When one thinks that one is tracing the outlines of nature over and over again, one is merely tracing around the frame through which we looked at her. The picture held us captive and we could not get outside of it. For it lay in our language and language seemed to repeat it to us inexorably."

Through most of the journal I was striving for greater knowledge and understanding of therapy. But as Wittgenstein suggests in the above quotation, I was not moving outside of my understanding and my understanding was formed and bound by

language. Only when my language changed did my understanding shift and I could view therapy and my role as a therapist differently.

Reflection on the Research Process

As a final word, it may be useful to reflect on the research process and how this process impacted on my view of therapy and research.

As mentioned in the chapter dealing with methodology, a characteristic of this research study is that clinical practice and research are intertwined and, in an ongoing recursive interaction. This means that an insight or change I experienced in my clinical practice impacted on the research process and vice versa.

My primary aim, before embarking on the dissertation, was to research something that would be relevant and useful to me in my clinical practice. The nature of this research has been such that it has met with this aim. It has achieved this aim, not only in the content - namely facilitating resolution of the issue of intervention - but also in process. The way in which the process has been meaningful is two fold.

Firstly, the nature of the process is isomorphic with therapy. In the course of the research process, I shifted my ideas of myself as therapist and about therapy. For example, in the first movement I was concerned with being either directive or non-directive. I always saw my activities as falling into one of these catagories. I also regarded being directed towards specific change as being disrespectful.

In the second movement, these issues were not so much resolved, but simply did not exist. I did not view myself as being either directive or non-directive and I did not experience myself as being disrespectful.

For these ideas to change, I needed different language. It was only when new words emerged that I could view the therapeutic process differently. A similar process occurs in therapy, which is why I refer to these two processes as isomorphic. A person enters therapy with a particular view of the world and of themselves. For this view to change, they need to think differently through developing and expanding their language.

A further similarity between the research process and therapy is the idea of an emergent design. As described in chapter three, the nature of the research design was emergent rather than preordinant. This means that one cannot state exactly what is going to happen in different phases of the research. My difficulty in therapy was around a similar issue. In the first movement, as described in the previous chapter, I was looking for a specific way to do therapy. It was only in the second movement when I realised that predicting the exact course of therapy was not possible.

At times I found the emergent design frustrating. Not knowing exactly where I was going in research or how long it was going to take was difficult. Similarly in therapy one does not always know where the process will go or how long it will take. In this way, the form of the research and the form of therapy can be seen as isomorphic. Although this process, which is characterised by an undefined process is frustrating at times, I have realised that it is in the very unstructured nature that change emerges spontaneously.

Apart from this process being meaningful in that it taught me about therapy, it was also meaningful with reference to future work. The research deals with a specific issue in a specific time. The way I dealt with this specific issue, was to co-evolve, through dialogue, different words to describe and understand it. It is through these different words that I could view the therapeutic process differently. This experience of redefining my view of something through

redefining my language about it, has given me a means by which I can re-examine my ideas in therapy, when faced with future difficulties.

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